

DISTRICT 197 OVERNIGHT OR EXTENDED TRIP REQUEST- FORM 2

Form 1 must have been completed and approved before submitting Form 2
Submit to Principal/Administrator and Superintendent's Office no less than two months
prior to domestic travel and no less than 4 months prior to international travel.

Staff Member Name and school: Rachel Johnston - Branch Out Transition Pgm

Date of Trip/Destination/Who trip is for: Thurs May 29 to Friday May 30

Did you complete **FORM 1** for this trip and receive the required approval? Yes

TOUR CHECKLIST	RESPONSE
1. Dates of travel	5/29 to 5/30 2025
2. Trip destination	Baker Park Preserve
3. SUBMIT: Complete roster of travelers. Include a link to your roster in the response or attach a document. Link to roster template: TOUR ROSTER	attached via link
4. SUBMIT: Detailed Itinerary, including hotel names, addresses and phone numbers. Include a link or attach a document with these details in your response.	attached via link
5. Final number of student travelers	18
6. Final number of adult travelers who are paying their own way/fare.	0
7. Final number of adults travelers who are traveling with a free or reduced fare. [If any, include the amount by which their fare is reduced]	0
8. Final number of district employees (also include in #6 and #7 counts)	5 possibly 6
9. Ratio of adults to students	1:3
10. FINAL TOTAL of Number of Travelers (Adults and Students)	23 possibly 24
11. Have parents received detailed information about the cancellation policies and fees?	not applicable
12. Is travel insurance through the tour company required OR optional for your travelers?	not applicable

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13. Has the district completed background checks for <u>all</u> adults?	All are employees
14. Is this a private tour, or will you be traveling with students from other schools? If so, please include the full roster of the adjoining group.	Only Branch Out students / staff
15. How will you communicate with travelers while on tour?	Cell phones
16. How will you communicate with families back home/not on tour?	not applicable
17. What is your plan for those requiring medication?	staff nurse Stacie O'Leary is attending

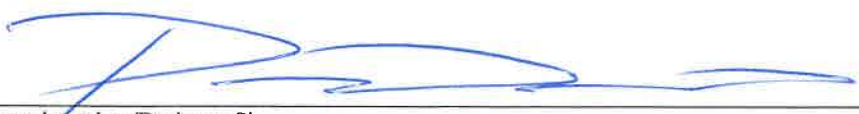

Staff Member's/Group Leader's Signature

5/1/2025
Date

Required Approvals:


Principal Signature

5/7/25
Date


Superintendent/Designee Signature

5/14/25
Date

School Board Approval

Date Approved

Once this form has been signed by your site administrator, submit it to the Superintendent for review and approval. It will then require School Board approval. Once approved, a signed copy will be returned to you for your records.

DISTRICT 197 OVERNIGHT OR EXTENDED TRIP REQUEST

FORM 1- Site and district approval is required before students/families are notified of the trip and before any funds are collected for the potential trip.

Part 1 - Approval to Plan & Recruit for an Extended Trip

Date of this request: 4/22/25 Your name/school: Rachel Johnston - Branch Out

Your Email: rachel.johnston@isd197.org Your Phone Number: 7017

Date Principal was notified of this trip: ongoing communication with Sara Leih

Dates of Trip: 5/29 to 5/30 Date/Time Leaving: 9:00 AM Date/Time Returning: 1:00 PM 5/30
5/29

Destination(s): Three Rivers Parks District / Baker Park Preserve

Who is this trip for (subject and grade levels)? Transition age

Estimated number of students that will participate: 20

Estimated number of chaperones that will participate (all chaperons must undergo a background check): 7

*Chaperone names: Rachel Johnston Lauren Meyer Karen Bird Micah

Vance, Rohan Sharma, Stacie O'Leary, Terry Stammen

What is your chaperone ratio: One Adult Chaperone for every 3 students (minimum of 2 regardless of the number of students and at least 1 for every 10 students). *Chaperones are defined as adults (minimum age of 21) who accompany and oversee groups of students. At least half (and no less than 2) of the chaperones must be current School District 197 employees.

Form of Transportation: ISD 197 bus + van Transportation Costs: \$ 102

(For liability purposes, all transportation must be provided by district transportation, contracted services, or public transportation. Private transportation is NOT allowed. Vehicle rentals are considered a contracted service. Allowable vehicles are specified and drivers must have a Type III license. Call the ISD 197 Transportation Department at 651-403-8320 for details.)

Lodging Name/Location: Baker Park Preserve Lodging Costs: \$ 322.58

(For liability purposes, all lodging must be public accommodations - hotel, public dormitory, etc. Exceptions may be requested and submitted to the Superintendent for consideration and possible approval.)

Cost per adult/chaperone: \$ _____ Costs covered by: Branch Out

Cost per student: \$ _____ Costs covered by: Branch Out

Sub costs, if any, paid by: _____ TOTAL COST: \$ 0

Please list all current School District 197 employees who will accompany this trip: Rachel Johnston,

Lauren Meyer, Karen Bird, Micah Vance, Rohan Sharma, Stacie O'Leary

What is the educational purpose and goal of this trip: Independent living skills on

IEP - Recreation & Leisure.

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If applicable, Tour Company Name: not Applicable - Branch Out Staff
If applicable, Tour Company Customer Service Phone #: _____
If applicable, Tour Company Emergency Phone #: _____

Trip Leader experience with educational travel as an adult:

Year	Destination(s)	# of Student Travelers	Age Range of Travelers	Your Role (coordinator, adult/chaperone, parent)

As the trip leader, I assure that...

[Please check the boxes that apply below and sign the form before submission]

- ☐ I have not/will not communicate this potential trip until preliminary approval of this form has been attained from both the principal and superintendent. *This is an annual trip. We talk about it frequently*
- ☒ When the trip is communicated to families, communication will include:
- o that the trip has received preliminary approval, but will not receive final approval until closer to the date of the trip
 - o that the trip may be canceled for a variety of reasons (insufficient chaperones, pandemic, destination issues)
 - o the financial details describing:
 - n/a ☐ Any fees that will not be refunded by the company or district if the trip is canceled
 - n/a ☐ Options for travel insurance (including potential areas the insurance WON'T cover (cancellation, etc.)
 - n/a ☐ All the options for meeting the financial commitments of the trip (family pays, fundraising opportunities, etc.)

Rachel Johnston
Trip/Group Leader's Signature

4/22/2025
Date

Part 2 - Approvals:

Sue Lee
Principal Signature

4/22/25
Date

[Signature]
Superintendent/Designee Signature

4/28/25
Date

Once this form has been signed by your site administrator, submit it to the Superintendent for review and possible approval. Once approved, it will be returned to you and the trip leader may proceed with FORM 2 of this process.