

## 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: Erik Christianson

Date of Trip/Destination/Who trip is for: 4/11 - 4/12, UWEC, Jazz Fest, Jazz Ensemble

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


| TOUR CHECKLIST  | RESPONSE        |
|---|-----------------|
| 1. Dates of travel  | 4/11 - 4/12     |
| 2. Trip destination   | UWEC, Jazz Fest |
| <b>3. SUBMIT:</b> Complete roster of travelers. Include a link to your roster in the response or attach a document.<br><i>Link to roster template: <b>TOUR ROSTER</b></i> | Attached        |
| <b>4. SUBMIT:</b> Detailed Itinerary, including hotel names, addresses and phone numbers. Include a link or attach a document with these details in your response.        | Attached        |
| 5. Final number of <b>student travelers</b>   | 20              |
| 6. Final number of <b>adult travelers who are paying their own way/fare.</b>  | 3               |
| 7. Final number of <b>adults travelers who are traveling with a free or reduced fare.</b> [If any, include the amount by which their fare is reduced]                     | 0               |
| 8. Final number of <b>district employees (also include in #6 and #7 counts)</b>   | 1               |
| 9. <b>Ratio</b> of adults to students   | 5:1             |
| <b>10. FINAL TOTAL of Number of Travelers (Adults and Students)</b>   | 24              |
| 11. Have parents received detailed information about the cancellation policies and fees?  | Yes             |
| 12. Is travel insurance through the tour company required OR optional for your travelers?   | No              |

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|  |                      |
|--|----------------------|
| 13. Has the district completed background checks for <b>all</b> adults?  | Yes                  |
| 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. | Private              |
| 15. How will you communicate with travelers while on tour?   | Band App             |
| 16. How will you communicate with families back home/not on tour?  | Band App / Text      |
| 17. What is your plan for those requiring medication?  | Work w/ School nurse |

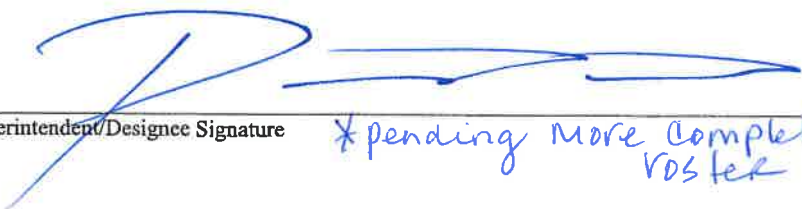
  
 \_\_\_\_\_  
 Staff Member's/Group Leader's Signature

2/21/2025  
 \_\_\_\_\_  
 Date

**Required Approvals:**

  
 \_\_\_\_\_  
 Principal Signature

2-21-2025  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Superintendent/Designee Signature

\*pending more complete roster

2/25/25  
 \_\_\_\_\_  
 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.

**DRAFT-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- COMPLETE IN FULL**

Date of this request: 1/08/2025

Your name and school: Erik Christianson - TRHS

Your Email: erik.christianson@isd197.org

Your Phone Number: 952-261-7504 (cell)

Date Principal was notified of this trip: 1/08/2025

Dates of Trip: 4/11/25-4/12/25 Date/Time Leaving: 4/11/25 at 3:30 p.m. Date/Time Returning: 4/12 at 7:00 p.m.

Destination(s): University of Eau Claire Jazz Festival, Eau Claire, WI

Who is this trip for (subject and grade levels)? Jazz Ensemble (activity) grades 9-12

Estimated number of students that will participate: 20

Estimated number of chaperones that will participate (all chaperons must undergo a background check): 3

\*Chaperone names: Janine and Marty Langemo, Andy Rundquist, Cheryllyne Vaz, Pete Madland

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**What is your chaperone ratio:** One Adult Chaperone for every 5 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. (Exceptions can be made to this requirement by the Superintendent. Provide rationale.)

Form of Transportation: 2 one-way coach + shuttle Transportation Costs: \$1,334.26 for Coach \$150 for Shuttle  
(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: The Lismore, Eau Claire, Wisconsin Lodging Costs: \$ 1,707.93  
(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: \$ 200 Costs covered by: Students & Chaperones pay \$2,600  
Cost per student: \$ 100 Costs covered by: Band boosters pay remaining \$592.19

Sub costs, if any, paid by: None TOTAL COST: \$ 3,192.19

Please list all current School District 197 employees who will accompany this trip: Erik Christianson

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Provide a general description of the trip and include 1) the educational purpose/goal of this trip and 2) a summary of the agenda/itinerary (feel free to note and attach additional documentation): \_\_\_\_\_

The goal of the trip is to participate in a music competition and attend workshops and seminars. Itinerary is attached

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If applicable, Tour Company Name: \_\_\_\_\_  
 If applicable, Tour Company Customer Service Phone #: \_\_\_\_\_  
 If applicable, Tour Company Emergency Phone #: \_\_\_\_\_

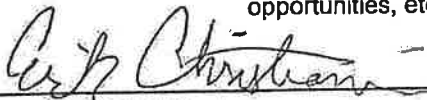
Trip Leader experience with educational travel as an adult (attach additional sheet if more space is needed):

| Year | Destination(s)           | # of Student Travelers | Age Range of Travelers | Your Role (coordinator, adult/chaperone, parent) |
|------|--------------------------|------------------------|------------------------|--|
| 2024 | Eau Claire Jazz Festival | 20                     | 9-12                   | Teacher/Coordinator                              |
| 2023 | San Diego                | 60                     | 9-12                   | Teacher/Coordinator                              |
|      |                          |                        |                        |  |

**As the trip leader, I assure that...**

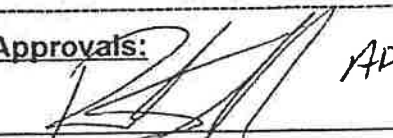
**[Please check the boxes that apply below, review the linked document, and sign the form before submission]**

- I have not/will not communicate this potential trip until preliminary approval of this form has been attained from both the principal and superintendent.
- I will follow the room assignment procedures outlined in the Overnight Field Trip and Gender Inclusion Procedures document.
- 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 that students will complete a room assignment preference form
  - o the financial details describing:
    - Any fees that will not be refunded by the company or district if the trip is canceled
    - Options for travel insurance (including potential areas the insurance WON'T cover (cancellation, etc.)
    - All the options for meeting the financial commitments of the trip (family pays, fundraising opportunities, etc.)

  
 Trip/Group Leader's Signature

1/31/2025  
 Date

**Part 2 - Approvals:**

 AD  
 Principal Signature

1/31/25  
 Date

  
 Superintendent/Designee Signature

2/12/25  
 Date

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