

## DISTRICT 709 FIELD TRIP REQUESTS

*S. Peltu - FCCLA*

In accordance with School District Policy District 6160, District 709 recognizes properly planned, well conducted, and carefully supervised field trips may be a vital part of the curriculum. School field trips are encouraged within available resources and requirements outlined below.

**DIRECTIONS:** All staff are required to submit a Field Trip Request prior to the field trip being finalized with the involved students and to:

- > Receive administrative and/or extra-curricular coordinator approval for all instructional and supplementary field trips
- > Receive administrative reviewal and school board approval for all extended trips (Exceptions may be granted by the school board chair to accommodate emergencies.)

### DEFINITIONS:

Instructional Trips - Trips that take place during the school day, relate directly to a course of study, and require student participation. Fees may not be assessed against students.

Supplementary Trips - Trips in which students voluntarily participate in and which often take place outside the regular school day, but do not include overnight stays. Financial contributions may be requested of students.

Extended Trips Within Minnesota and Continental United States - Trips that involve one or more overnight stops within Minnesota or the Continental United States and may be instructional or supplementary and are voluntary in nature. Extended field trips require school board approval prior to the trip.

### INSTRUCTIONAL TRIP ACTION

Principal: ☐ Approved Name: \_\_\_\_\_  
☐ Not Approved Date: \_\_\_\_\_

### SUPPLEMENTAL TRIP ACTION

Principal: ☐ Approved Name: \_\_\_\_\_  
☐ Not Approved Date: \_\_\_\_\_

Instructional/Supplemental Trips need not be sent to District office.

### EXTENDED TRIP ACTION

Principal: ☒ Recommended Name: *Jim Audet*  
☐ Not Recommended Date: 9/24/13

Assistant Superintendent: ☒ Recommended Name: *E. Crawford*  
☐ Not Recommended Date: 10/1/13

School Board: ☐ Approved Name: \_\_\_\_\_  
☐ Not Approved Date: \_\_\_\_\_

All extended trip proposals must be sent to the Assistant Superintendent's Office to be placed on the Education Committee meeting agenda for approval.

# FIELD TRIP REQUEST FORM

Date of Submission:

Type of Trip: ☐ Instructional ☐ Supplementary ☒ Extended

- Organization/Grade/Course Planning Trip: FCCLA-HERO
- Contact Person (Responsible for Checklist Completion): Shonda Pellet
- Field Trip Date(s): 11/10/13 - 11/11/13 Destination: Brooklyn Center, MN (Blvd. Hotel)
- Field Trip Overview (Include events, establishments and locations):  
Fall Delegate Assembly - election of new state officers, FCCLA related breakout sessions/speakers.
- Field Trip Departure from School (Date and Time): 11-10-13 3:00PM.  
Field Trip Return to School (Date and Time): 11-11-13 7:00PM.
- Objectives of Field Trip: 2 officer candidates for election open to chapter officers for leadership experience.
- Relationship to Curriculum or Student Learning: embedded within career technical curriculum on occupational level
- Planned Follow-up Field Trip Activities: Chapter focus on school year / service learning projects and return to state leadership in spring '14.
- Field Trip Budget Request

Estimated Expenses		
Total Admission/Fees	<u>20<sup>00</sup> per person est. 3 attorney</u>	\$ <u>84<sup>00</sup></u>
Total Meals	<u>2 dinners per person</u>	\$ <u>22<sup>00</sup></u>
Total Lodging	<u>2 rooms @ 115<sup>00</sup> each</u>	\$ <u>230<sup>00</sup></u>
Total Transportation		\$
<input type="checkbox"/> School District Vehicle(s) * only if more register to go to FOA		
<input type="checkbox"/> Commercial Transportation Carrier ~ Name:		
<input checked="" type="checkbox"/> Private Vehicle (requires certificate of insurance) ~ Name: <u>Shonda Pellet</u>		<u>100<sup>00</sup> (mileage)</u>
* If more attend then district van mileage ok		
Total Additional Stipends:		\$
Other:		\$
Total		\$

Revenues		
District Budget	Code: <u>C. PEAKINS</u>	\$ <u>463,00</u>
Booster Group		\$
Donations		\$
Student Fees	<u>hotel Registration MEALS</u>	\$ <u>169,00</u>
Total Additional Stipends:		\$
Total		\$ <u>632,00</u>

BUDGET COST

MEALS	26	2400
LODGING	115	
REGIS	28	2400
SUBST.	-	
MILEAGE		
	169,00	EACH
	SELF PAY	

STAFF COSTS

25. x 2 = 50
115.
28.
100.
170.
50.
463,00
C. PEAKINS PAYS

11. Reviewed/Completed Request Checklist: ☒ Yes

☐ No

RETURN COMPLETED REQUEST TO BUILDING PRINCIPAL

## FIELD TRIP REQUEST CHECKLIST - All Field Trips

DIRECTIONS: Please complete checklist. No attachments are necessary.

- ☒ Develop and Communicate Student Discipline Expectations
- ☒ Forward Field Trip Explanation and Fee Structure Letter Sent to Parents/Guardians
- ☒ Collect Parent/Guardian Permission for Student Participation in Field Trip (Include request for special information - i.e. allergies, medications, special needs.)
- ☒ Gain Access to Cell Phone for Field Trip
- ☒ Plan Arrangements for Early Pick-Up or Late Drop-Off Students (if necessary).  
**Guide:** May choose to leave message on school voice mail to help with late drop off.
- ☒ Plan Meal Arrangements (if necessary)  
**Reminder:** Notify food service of non-participation.
- ☒ Plan Administration of Student Medication and First Aid Needs (if necessary)  
**Guide:** Contact School Nurse.
- ☒ Develop and Communicate Action Plan if Student Gets Lost on Trip
- ☒ Arrange Adult Chaperones for Field Trip (if necessary)  
**Guide:** One (1) adult for every twenty (20) students depending on field trip. Parent volunteers are encouraged when possible or appropriate.
- ☒ Develop and Communicate Teacher and Adult Chaperone Expectations  
**Example:** Supervision duties, no smoking, no alcohol
- ☒ Planned Itinerary

TIME

LOCATION

_____	_____ <i>Boulevard Hotel .2200 Freeway Blvd. Brooklyn Park, MN</i>
_____	_____
_____	_____
_____	_____

- ☒ Maintain Student Roster and Check-in/Check-out Procedure
- ☒ Arrangement for Safety Needs (i.e. crossing guards)

Signature of Contact Person: \_\_\_\_\_

## FIELD TRIP REQUEST CHECKLIST – Extended Trip Only

DIRECTIONS: Please complete checklist and attach all appropriate materials.

- ☒ Develop and Complete Field Trip Itinerary and Emergency Telephone Contacts Letter to Parents/Guardians  
**Note:** Attach tentative planned itinerary.
- ☒ Arrange Funding of Expenses During Trip
- ☒ Arrange Meal Plans
- ☒ Arrange Lodging Plans and Room Assignments
- ☒ Collect Family Emergency Information for Students  
**Example:** Home phone numbers, emergency contacts, medical information
- ☒ Additional Information  
**Note:** Provide any additional information.

Signature of Contact Person: \_\_\_\_\_



**Fall Delegate Assembly**  
**November 11, 2013**  
**The Boulevard Hotel**  
(formerly Crowne Plaza Mpls North)  
**2200 Freeway Blvd**  
**Brooklyn Park, MN**  
**Lake of the Isle Ballroom**

Due postmarked/E-mailed by : October 25, 2013  
Payment due by: November 5, 2013

Send with check enclosed to: **Jill Hanson Roe**  
**Minnesota FCCLA-HERO Executive Director**  
**30999 Boxelder Drive, Grey Eagle, MN 56336**  
**Fax: 320-285-2691 (must call first)      state@mfnfcla-hero.org**

School/Chapter Name Duluth Public Schools BK 7 and BK 2  
School Address 401 N. 44<sup>th</sup> Ave. W. Duluth, MN 55807  
School Phone Number 218 336 8830, 4023 School Fax Number 218 336 8842  
Name of Advisor: Shonda Peller E-mail: shonda.peller@duluth.k12.mn.us

\_\_\_\_\_ Total registered for FDA only at \$28.00 each \$ \_\_\_\_\_  
Registration fee includes insurance, program costs, printing, supplies, breakfast and lunch.  
(   1   Advisors      \_\_\_\_\_ Chapter Members        2   Candidates      \_\_\_\_\_ Other Guests)

LATE FEE \_\_\_\_\_ @ \$10.00 per person \$ \_\_\_\_\_  
(Add \$10.00 per person if postmarked after October 8<sup>th</sup> deadline)

Total Due to Minnesota FCCLA-HERO	\$ _____
Amount paid by School District	\$ _____
Amount paid by Chapter/Activity Fund	\$ _____
Amount paid by individual check	\$ _____
Total paid	\$ _____
<b>Total outstanding balance due for Fall Delegate Assembly **</b>	<b>\$ _____</b>

\*\* Full payment must be received by Fall Delegate Assembly for our insurance to cover your delegates and for you chapter to be in good standing (allowed to vote and run officer candidates).

**Registration Payment Policy:** The Executive Boards policy on registration and dues is that all members attending Fall Delegate Assembly and/or State Leadership Conference must be fully paid national and state members in addition to having 100% of the registration fee paid by FDA or SLC.

**Refund Policy:** Registration fee less the late fee will be refunded ONLY if written notification of cancellation is sent by October 25, 2013. A 50 percent refund will be given for registration fee for cancellations sent between October 25 and November 4, 2013. No refunds will be issued if cancelled within a week prior to the conference.

**Substitution Policy:** A \$10 fee will be charged for all substitutions prior to Fall Delegate Assembly.