



Rockford Area Schools – ISD 883

EXTENDED FIELD TRIP APPLICATION – FINAL APPROVAL

Final approval must be granted prior to engaging in securing contracts and collecting fees from students. Approval of this final application authorizes the teacher/advisor to proceed with trip planning, including expending the appropriate funds.

School: Rockford High School

Group/Class: Rockford HS STA

Teacher(s)/Advisor(s) submitting request: Monica Pinkerman

of students: 6 # of school personnel: 1 # of chaperones: _____

Destination: Lake cabin Address: 14289 Maghan Rd Deerwood MN

Have students received teachers' approval to miss class? Yes No

Departure Date: 8/4 Departure Time: 8:00 AM Return Date: 8/7 Return Time: 5:00 PM

Days absent: When school is in session: N/A Non-school days/vacation time: 4

Have reasonable accommodations been made for students with disabilities? Yes No

For trips that contract a tour service, has the contract been reviewed and approved by the Business Manager? Yes No

For trips outside the Continental US and those using a travel services, provide the name of the travel service:
N/A

For trips outside of the Continental US, please attach your emergency procedures.

Who has signed off on discussing school discipline policies with students? N/A

Who has signed off on discussing school discipline policies with staff and chaperones? N/A

TRANSPORTATION: Attach request if using district transportation.

School buses and/or 7 or 8 person vans: N/A: _____

Public Transportation _____ Contracted Transportation: _____

(Name of Service; attach contract)

Place of lodging: 14289 Maghan Rd Deerwood MN Dates: 8/4-7

COSTS: (Estimate per student)

Transportation	\$ <u>0</u>
Meals	\$ <u>0</u>
Substitute Teachers	\$ <u>0</u>
Lodging	\$ <u>0</u>
Other (fees, ins)	\$ <u>0</u>
Total	\$ <u>0</u>

Expenses to be paid by the district	\$ <u>0</u>
Expenses to be paid by special funds	\$ <u>0</u>

Explain special funding and/or procedures for handling instances of economic need: _____

The following documentation must be attached:

- Emergency procedures
- Tentative itinerary
- Signed memo of contract/insurance approval from Business Manager

APPROVAL: Final approval requires the following signatures.

School Principal: [Signature] Date: 6/5/24

Superintendent (or Designee): _____ Date: _____

Board Approval: Yes _____ No _____ Date: _____

Comments _____