

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: Brianna Havir

Date of Trip/Destination/Who trip is for: 7th Graders at Heritage Middle School

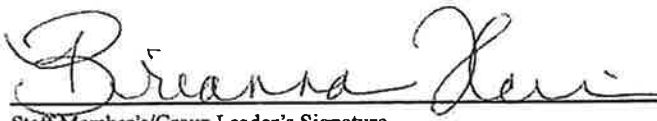
Did you complete **FORM 1** for this trip and receive the required approval? _____

TOUR CHECKLIST	RESPONSE
1. Dates of travel	10/22 - 10/24/25
2. Trip destination	Camp Indubapi
3. SUBMIT: Complete roster of travelers. Include a link to your roster in the response or attach a document. Link to roster template: <u>TOUR ROSTER</u>	Will have complete list closer to date offered to all 7 th Grade students
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 to email
5. Final number of student travelers	Estimated 150-170
6. Final number of adult travelers who are paying their own way/fare.	All adult cost included
7. Final number of adults travelers who are travelling with a free or reduced fare. [If any, include the amount by which their fare is reduced]	Estimated 25-30 adults
8. Final number of district employees (also include in #6 and #7 counts)	17 district adults
9. Ratio of adults to students	Students 10 to 1 adult
10. FINAL TOTAL of Number of Travelers (Adults and Students)	
11. Have parents received detailed information about the cancellation policies and fees?	Yes, with registration form
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 <u>all</u> adults?	All adults going will have a completed background
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.	We will be the only school there
15. How will you communicate with travelers while on tour?	Adults will have cell phones students will always be supervised
16. How will you communicate with families back home/not on tour?	Talking Points to families and google voice numbers
17. What is your plan for those requiring medication?	Nurse prepares the medications a CPR and First Aid certified Staff serves as medic.



Staff Member's/Group Leader's Signature

8/28/25
Date

Required Approvals:


Principal Signature

8/28/2025
Date


Superintendent/Designee Signature

9/5/25
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.