

**INDEPENDENT SCHOOL DISTRICT NO. 256**  
**Red Wing, Minnesota 55066**

**STUDENT FIELD TRIP REQUEST**

The request form must be completed for any proposed student trip. We ask that this request form be completed and submitted to the building principal 30 days prior to the planned trip.

Name of Building: Red Wing High School Date of Application: 10-12-21

Teacher/Sponsor: Nikki Roschen Name of Group: German 4 - CIS

Number of Students: 16 Number of Adult Supervisors: 1

Destination: U of M - Coffman Memorial Univ Round Trip Miles: 100

Educational Goal or Objective:  
learn about German culture, current issues, listen to guest speakers, explore future opportunities in careers and studying abroad

X Contemplated Departure: Date: 10/27/21 Time: 7:45 am

Expected Return: 10/27/21 Date: 3:00 pm Time: \_\_\_\_\_ School Days Missed: 1

Non-School Days Used: n/a Trip Taken Before: Yes  No

Mode of Transportation:  District \_\_\_\_\_ Contractor \_\_\_\_\_ Private \_\_\_\_\_ Commercial \_\_\_\_\_

Lodging: Place n/a Dates \_\_\_\_\_  
 Place \_\_\_\_\_ Dates \_\_\_\_\_

**ESTIMATED COST**

**DISTRICT COST    APPROVED BUDGET    STUDENT COST**  
 Yes    No

Transportation	X \$341	_____	_____
Meals	_____	_____	_____
Lodging	_____	_____	_____
Insurance	_____	_____	_____
Registration	_____	_____	_____
Substitute Teacher	X \$160	_____	_____
Other	_____	_____	_____
<b>TOTAL COST OF TRIP</b>	X <del>501</del> \$501	_____	_____

X Approved    \_\_\_\_\_ Denied    [Signature]    10/13/21  
 \_\_\_\_\_  
 Principal    Date

\_\_\_\_\_ Approved    \_\_\_\_\_ Denied    \_\_\_\_\_  
 Superintendent    Date

\_\_\_\_\_ Approved    \_\_\_\_\_ Denied    \_\_\_\_\_  
 School Board Clerk    Date