

DISTRICT 709 FIELD TRIP REQUESTS

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: James Koff
 Not Recommended Date: 01/15/20

Assistant Superintendent: Recommended Name: [Signature]
 Not Recommended Date: 1/20/20

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

1. Organization/Grade/Course Planning Trip: Denfeld Band
2. Contact Person (Responsible for Checklist Completion): Josh Lehigh
3. Field Trip Date(s): 4/5-4/10 Destination: New York City
4. Field Trip Overview (Include events, establishments and locations): West Side Story, Village Vanguard Orchestra, museums, Broadway musician masterclass, exploration, Julliard School of Music Concert, China Town, Times Square, statue of liberty, student social bonding, walking all over, etc.
5. Field Trip Departure from School (Date and Time): 4/5 @ 7 PM
Field Trip Return to School (Date and Time): 4/10 @ 10 PM
6. Objectives of Field Trip Experiencing NYC culture, including world class music.
7. Relationship to Curriculum or Student Learning: Experiencing the relationship between music and culture
8. Planned Follow-up Field Trip Activities: _____
Discussions
9. Field Trip Budget Request

| Estimated Expenses | |
|--|-----------------|
| Total Admission/Fees | \$7,500 |
| Total Meals | \$2,500 |
| Total Lodging | \$4,500 |
| Total Transportation | \$11,000 |
| <input type="checkbox"/> School District Vehicle(s) | |
| X Commercial Transportation Carrier ~ Name: LCS Coaches | |
| <input type="checkbox"/> Private Vehicle (requires certificate of insurance) ~ Name: _____ | |
| Total Additional Stipends: | |
| Other: | \$ |
| Total | \$25,500 |

| Revenues | | |
|----------------------------|-------|-----------|
| District Budget | Code: | \$ |
| Booster Group | | \$ |
| Donations | | \$ |
| Student Fees | | \$25,500 |
| Total Additional Stipends: | | \$ |
| Total | | \$ |

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.

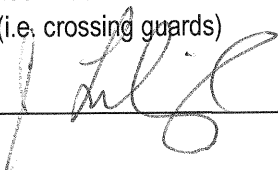
- X Develop and Communicate Student Discipline Expectations
- X Forward Field Trip Explanation and Fee Structure Letter Sent to Parents/Guardians
- X Collect Parent/Guardian Permission for Student Participation in Field Trip (Include request for special information - i.e. allergies, medications, special needs.)
- X Gain Access to Cell Phone for Field Trip
- X 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.
- X Plan Meal Arrangements (if necessary)
Reminder: Notify food service of non-participation.
- X Plan Administration of Student Medication and First Aid Needs (if necessary)
Guide: Contact School Nurse.
- X Develop and Communicate Action Plan if Student Gets Lost on Trip
- X 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.
- X Develop and Communicate Teacher and Adult Chaperone Expectations
Example: Supervision duties, no smoking, no alcohol
- X Planned Itinerary

TIME

LOCATION

| | |
|---------------|---|
| Sunday 4/5 | Depart Denfeld |
| Monday 4/6 | Hilton check-in and Village Vanguard |
| Tuesday 4/7 | Statue of Liberty, WTC Memorial, West Side Story |
| Wednesday 4/8 | Central Park, MM Art, Julliard concert, masterclass |
| Thursday 4/9 | Souvenir shopping and China Town, Depart NYC about 7 PM |

- X Maintain Student Roster and Check-in/Check-out Procedure
- X 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.

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

Signature of Contact Person: _____
