

## 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: Benjamin Geiger Two Rivers High School

Date of Trip/Destination/Who trip is for: 6/15/25-6/20/25; NSDA Nationals; Des Moines, Iowa; Speech/Debate

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

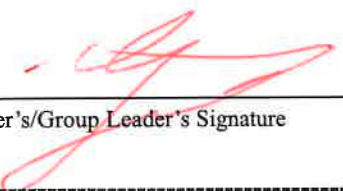
TOUR CHECKLIST	RESPONSE
1. Dates of travel	6/15/25-6/20/25
2. Trip destination	Des Moines, Iowa Multiple High Schools, VRBO
3. <b>SUBMIT:</b> Complete roster of travelers. Include a link to your roster in the response or attach a document. Link to roster template: <a href="#">TOUR ROSTER</a>	<a href="https://docs.google.com/spreadsheets/d/1LEUvQORDeH58XHafME_c-eilKGnS_BPQdw73705FDkk/edit?usp=sharing">https://docs.google.com/spreadsheets/d/1LEUvQORDeH58XHafME_c-eilKGnS_BPQdw73705FDkk/edit?usp=sharing</a>
4. <b>SUBMIT:</b> Detailed Itinerary, including hotel names, addresses and phone numbers. Include a link or attach a document with these details in your response.	<a href="https://docs.google.com/spreadsheets/d/1LEUvQORDeH58XHafME_c-eilKGnS_BPQdw73705FDkk/edit?usp=sharing">https://docs.google.com/spreadsheets/d/1LEUvQORDeH58XHafME_c-eilKGnS_BPQdw73705FDkk/edit?usp=sharing</a>
5. Final number of <b>student travelers</b>	6
6. Final number of <b>adult travelers who are paying their own way/fare.</b>	0
7. Final number of <b>adults travelers who are traveling with a free or reduced fare. [If any, include the amount by which their fare is reduced]</b>	2
8. Final number of <b>district employees (also include in #6 and #7 counts)</b>	2
9. <b>Ratio</b> of adults to students	1:3
10. <b>FINAL TOTAL of Number of Travelers (Adults and Students)</b>	
11. Have parents received detailed information about the cancellation policies and fees?	Yes
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?	Yes
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.	No
15. How will you communicate with travelers while on tour?	Phone, Google Chat, Email
16. How will you communicate with families back home/not on tour?	Phone or email
17. What is your plan for those requiring medication?	Students will bring the medication they need.

  
Staff Member's/Group Leader's Signature

4/8/25  
Date

**Required Approvals:**

 AD  
Principal Signature

4/9/25  
Date

  
Superintendent/Designee Signature

4/15/25  
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.

**DRAFT-DISTRICT 197 OVERNIGHT OR EXTENDED TRIP REQUEST**  
**FORM 1- Site and district approval is required before students/families are notified**  
**of the trip and before any funds are collected for the potential trip.**

**Part 1 - Approval to Plan & Recruit for an Extended Trip- COMPLETE IN FULL**

Date of this request: 3/12/2025 Your name and school: Benjamin Geiger Two Rivers High School

Your Email: benjamin.geiger@isd197.org Your Phone Number: 612-578-5086

Date Principal was notified of this trip: 3/1/2025

Dates of Trip: 6/15/2025-6/20/2025 Date/Time Leaving: 6/15 10:00 AM Date/Time Returning: 6/20 6:00 PM

Destination(s): NSDA National Tournament Des Moines Iowa Multiple High Schools, VRBO

Who is this trip for (subject and grade levels)? Speech

Estimated number of students that will participate: 6

Estimated number of chaperones that will participate (all chaperons must undergo a background check): 2

\*Chaperone names: Ben Geiger and Grace Randolph

**What is your chaperone ratio:** One Adult Chaperone for every 3 students (minimum of 2 regardless of the number of students and at least 1 for every 10 students). *\*Chaperones are defined as adults (minimum age of 21) who accompany and oversee groups of students. At least half (and no less than 2) of the chaperones must be current School District 197 employees. (Exceptions can be made to this requirement by the Superintendent. Provide rationale.)*

Form of Transportation: School Van Transportation Costs: \$ 400.00

*(For liability purposes, all transportation must be provided by district transportation, contracted services, or public transportation. Private transportation is NOT allowed. Vehicle rentals are considered a contracted service. Allowable vehicles are specified and drivers must have a Type III license. Call the ISD 197 Transportation Department at 651-403-8320 for details.)*

Lodging Name/Location: VRBO 2411 E 9th Street Des Moines, IA Lodging Costs: \$ 1,481.76

*(For liability purposes, all lodging must be public accommodations - hotel, public dormitory, etc. Exceptions may be requested and submitted to the Superintendent for consideration and possible approval.)*

Cost per adult/chaperone: \$ 313.63 Costs covered by: Speech 09 account

Cost per student: \$ 313.63 Costs covered by: Speech 09 account

Sub costs, if any, paid by: None TOTAL COST: \$ 1,881.76

Please list all current School District 197 employees who will accompany this trip: Benjamin Geiger and Grace Randolph

Provide a general description of the trip and include 1) the educational purpose/goal of this trip and 2) a summary of the agenda/itinerary (feel free to note and attach additional documentation): Attend the National Speech and Debate

Tournament. Students to display their mastery of communication. Students will attend scheduled competition rounds each day.

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If applicable, Tour Company Name: \_\_\_\_\_

If applicable, Tour Company Customer Service Phone #: \_\_\_\_\_

If applicable, Tour Company Emergency Phone #: \_\_\_\_\_

Trip Leader experience with educational travel as an adult (attach additional sheet if more space is needed):

Year	Destination(s)	# of Student Travelers	Age Range of Travelers	Your Role (coordinator, adult/chaperone, parent)
2024	Des Moines, IA NSDA Nationals	5	17-18	Coordinator
2024	Omaha, NE NIETOC	12	16-18	Coordinator
2024	Winona Cotter	6	17-18	Coordinator

**As the trip leader, I assure that...**

**[Please check the boxes that apply below, review the linked document, and sign the form before submission]**

- ☒ I have not/will not communicate this potential trip until preliminary approval of this form has been attained from both the principal and superintendent.
- ☒ I will follow the room assignment procedures outlined in the Overnight Field Trip and Gender Inclusion Procedures document.
- ☒ When the trip is communicated to families, communication will include:
  - o that the trip has received preliminary approval, but will not receive final approval until closer to the date of the trip
  - o that the trip may be canceled for a variety of reasons (insufficient chaperones, pandemic, destination issues)
  - o that students will complete a room assignment preference form
  - o the financial details describing:
    - ☒ Any fees that will not be refunded by the company or district if the trip is canceled
    - ☒ Options for travel insurance (including potential areas the insurance WON'T cover (cancellation, etc.))
    - ☒ All the options for meeting the financial commitments of the trip (family pays, fundraising opportunities, etc.)

Trip/Group Leader's Signature

Date

**Part 2 - Approvals:**

Principal Signature

Date

Superintendent/Designee Signature

Date

Once this form has been signed by your site administrator, submit it to the Superintendent for review and possible approval. Once approved, a signed copy will be returned to you. Then the trip leader may proceed with FORM 2 of this process.