

## 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, the Continental United States, or a Foreign Country - Trips that involve one or more overnight stops within Minnesota, the Continental United States, or a Foreign Country (externally sponsored) 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/EXTERNALLY SPONSORED TRIP ACTION**

Principal:  Recommended Name: Deboe  
 Not Recommended Date: \_\_\_\_\_

Assistant Superintendent:  Recommended Name: AF Juchic  
 Not Recommended Date: \_\_\_\_\_

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.**

*AV* 10/11/16

# FIELD TRIP REQUEST FORM

Date of Submission:

Type of Trip:       Instructional       Supplementary       Extended

1. Organization/Grade/Course Planning Trip: HOSA 11 th and 12 th Grade
2. Contact Person (Responsible for Checklist Completion): Kimberly S. Olson
3. Field Trip Date(s): November 10<sup>th</sup> and 11<sup>th</sup> Destination: Leadership Training Conference Hilton, Minneapolis/St. Paul, 3800 American Boulevard East, Bloomington, MN

Thursday: Hospital tours, State Officer Candidate Interviews/Speeches/Educational/Leadership Activities  
Friday: Career and Healthcare Professional Education sessions and exhibits, guest speakers.

4. Field Trip Overview (Include events, establishments and locations)  
Run students for state officer positions and to bring along voting delegates. Lessons in leadership, parliamentary procedures and career development.
5. Field Trip Departure from School (Date and Time): November 10<sup>th</sup> at 7:00 am  
 Field Trip Return to School (Date and Time): November 11<sup>th</sup> at 7:00 p.m.
6. Objectives of Field Trip: This will give students the opportunity to run for state office and to attend as young delegates. At this time the expected number of students participating will be 20.
7. Relationship to Curriculum or Student Learning: Leadership, teamwork, Program of Study and Career Pathways, Partnership for CTE. Implementing of Health Science Programs, Increase effectiveness of teaching, legislative training, confident speaking and writing skills. Reinforcement of skills taught and application of skills.
8. Planned Follow-up Field Trip Activities:  
Midwinter, State and National Conferences for HOSA.
9. Field Trip Budget Request

<input type="checkbox"/> <b>Estimated Expenses</b>	
Total Admission/Fees ( \$55.00 each)	\$ 1155
Total Meals	\$ 1520
Total Lodging	\$ 816
Total Transportation	\$1200
<input type="checkbox"/> School District Vehicle(s) <input type="checkbox"/> Commercial Transportation Carrier ~ Name: _____ Private Vehicle (requires certificate of insurance) ~ Name: _____	
Total Additional Stipends:	\$0
Other:	\$144
<b>Total</b>	<b>\$4835</b>

<b>Revenues</b>		
District Budget	Code:01-380-005-428-000	\$411
HOSA Group		\$4424
Donations		\$
Student Fees		\$
Total Additional Stipends:		\$
<b>Total</b>		<b>\$4835</b>

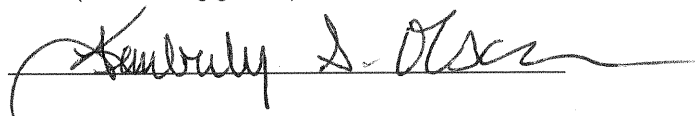
11. Reviewed/Completed Request Checklist:    xYes     No

**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
- Planned Itinerary WAITING FOR.....FROM STATE

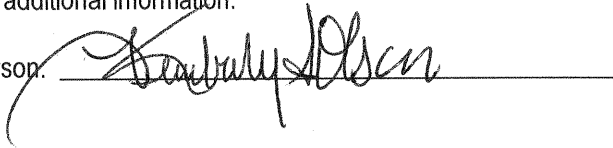
TIME	LOCATION
_____	_____
_____	_____
_____	_____
_____	_____

- 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/Externally Sponsored 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: 

10.03.16

\*The Assistant Superintendent's office must receive a signed waiver form for each student participating in an externally sponsored trip prior to the departure date.

**RETURN COMPLETED REQUEST TO BUILDING PRINCIPAL**



# **MN HOSA 2016**

***Fall Leadership Conference***  
**Thursday & Friday- November 10<sup>th</sup> & 11<sup>th</sup>**  
**Hilton- Minneapolis/St. Paul Airport-MOA**

***Thursday***

**1:00 pm – 6:00 pm**

**Tours**

**State Officer Candidate Interviews/Speeches**  
**Educational/Leadership Activities**

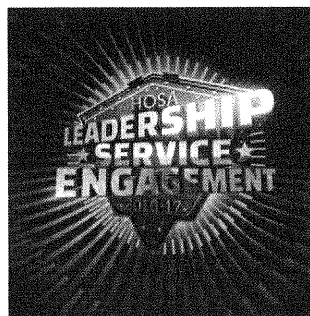
***Friday***

**8:30 am- 1:30 pm**

**Guest Speakers**

**Tentative Educational Sessions**  
**Exhibits**

**Installation of 2015-2016 State Officer Team**



**2016**

**November 10<sup>th</sup> & 11<sup>th</sup>**

**MN HOSA Fall Delegate Assembly**  
**Hilton- Minneapolis/ St. Paul Airport- MOA**

**On Line Registration Information**

Please read all registration information very carefully to avoid any difficulty in registering your delegation for this conference. Registration information can be found online at [www.hosa.org](http://www.hosa.org). For technical support, please call 800.321.4672 or 972.874.0062 and National HOSA will be glad to assist you.

**Registration Fees for the Fall Delegate Assembly: \$55.00/participant**  
**Registrations Due on October 27, 2016**

No refunds will be paid. Substitutions by advisors are allowable until the Fall Conference official registration closes at 12:00 AM on Thursday, October 27, 2016.

The registration fee includes:

General Session ▪ Speakers ▪ Educational Symposiums ▪ Media Productions ▪ Rentals  
▪ Conference Program ▪ Meeting Room Rental ▪ Other General Conference Operating Expenses ▪ Breakfast / Lunch

**ONLINE CONFERENCE REGISTRATION INSTRUCTIONS**

1. Go to the HOSA web site at [www.hosa.org](http://www.hosa.org).
2. Select advisor services from the menu on the left.
3. Click the Chapter Advisor link listed under National Affiliation in the middle of the screen
4. Find the link that says Click Here to proceed on the page and click.
5. Enter your Charter Number and Password and login.
6. Select Conference Registration from the menu.
7. You will be prompted to enter your Charter Number and Password again.
8. The screen will have a set of instructions for you to read. On the upper right-hand corner, there is a drop down box where you can select the conference "2016 Fall Delegate Assembly" and then click "Begin Registration".
9. A complete list of your student **members** will appear. Beside each student's name, there is a link to register that student for the conference. Click register for the person/student you want to enter and a screen with all of the options will come up. **(Participants must be members to register.)** Please submit your voting delegates and state officer candidates on line as well.

**Call Candy at 612-590-4808 with questions.**



**Hilton**

**Minneapolis/St. Paul Airport  
Mall of America**

**Hilton- Minneapolis/ St. Paul Airport- MOA  
3800 American Boulevard East  
Bloomington, MN 55425  
952-854-2100**

Advisor: \_\_\_\_\_ School \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Advisor Signature (or person responsible for members attending): \_\_\_\_\_

**PRINT or TYPE** the names of students, advisors, and chaperones as you want them housed together, up to four people per room. \*\* Room numbers will be assigned upon receiving reservation form. (\*\*Reproduce this form as for additional rooms needed.)

	1.	2.
	3.	4.
	1.	2.
	3.	4.
	1.	2.
	3.	4.
	1.	2.
	3.	4.
	1.	2.
	3.	4.

Total # rooms required \_\_\_ x \$119.00/night (1-4 in room) + tax \$17.00/room/night = (\$136.00)

Total amount due: \_\_\_\_\_

Enclosed is a check in the amount of \$\_\_\_\_\_ Make checks payable to the **Hilton**

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ (month & year)

Signature: \_\_\_\_\_ (If using Credit Card) Card Holder's name \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

A Block of Hotel rooms have been reserved at the Hilton Minneapolis/St. Paul Airport MOA Hotel arriving on the 10<sup>th</sup> of November for one night with departure on the November 11<sup>th</sup>. Ask for **HOSA Fall Conference Block**  
**Registration Deadline is Thursday, October 27<sup>th</sup>, 2016.**

*Copy*

**DISTRICT 709  
FIELD TRIP REQUESTS**

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**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/EXTERNALLY SPONSORED TRIP ACTION**

Principal:  Recommended Name: *Deboe* *BL* 10/11/16  
 Not Recommended Date: \_\_\_\_\_

Assistant Superintendent:  Recommended Name: *AS Arzede*  
 Not Recommended Date: \_\_\_\_\_

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: HOSA 11 th and 12 th Grade
2. Contact Person (Responsible for Checklist Completion): Kimberly S. Olson
3. Field Trip Date(s): November 18 and 19, 2016 Destination: Leadership Training Conference Hilton, Minneapolis/St. Paul, 3800 American Boulevard East, Bloomington, MN
4. Field Trip Overview (Include events, establishments and locations): Field Trip request for state officers training and Spring Leadership Conference planning to enhance the leadership qualities for confident speakers and writers for HOSA ad as representatives for ISD 709, Duluth team building, Roberts Rules, leadership training, etiquette.  
At this time we are expecting 3-4 students from the leadership team to attend the conference.
5. Field Trip Departure from School (Date and Time): November 18, 2016  
 Field Trip Return to School (Date and Time): November 19, 2016
6. Objectives of Field Trip: Please see the attached form
7. Relationship to Curriculum or Student Learning: Leadership, teamwork, Program of Study and Career Pathways, Partnership for CTE. Implementing of Health Science Programs, Increase effectiveness of teaching, legislative training, confident speaking and writing skills. Reinforcement of skills taught and application of skills.
8. Planned Follow-up Field Trip Activities: Midwinter, State and National Conferences for HOSA.

9. Field Trip Budget Request

<b>Estimated Expenses</b>	
Total Admission/Fees	\$ 0
Total Meals	\$ 190
Total Lodging	\$450
Total Transportation	\$ 300
<input type="checkbox"/> School District Vehicle(s) <input type="checkbox"/> Commercial Transportation Carrier ~ Name: _____ Private Vehicle (requires certificate of insurance) ~ Name: _____	
Total Additional Stipends:	\$0
Other:	\$144
<b>Total</b>	<b>1084</b>

<b>Revenues</b>		
District Budget	Code:01-380-005-428-000	\$237
HOSA Group		\$847
Donations		\$
Student Fees		\$
Total Additional Stipends:		\$
<b>Total</b>		<b>\$1084</b>

11. Reviewed/Completed Request Checklist:    xYes     No

**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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Awaiting itinerary form the state department \_\_\_\_\_

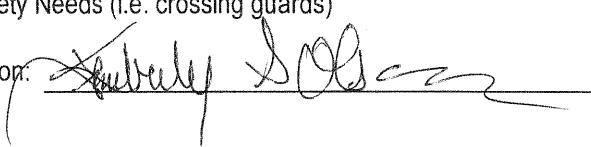
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- x Maintain Student Roster and Check-in/Check-out Procedure
- x Arrangement for Safety Needs (i.e. crossing guards)

Signature of Contact Person:

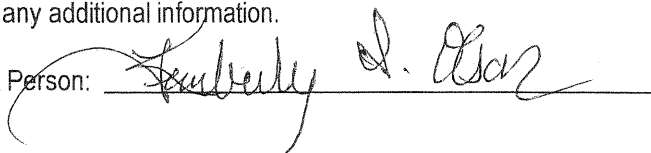


**FIELD TRIP REQUEST CHECKLIST – Extended/Externally Sponsored Trip Only**

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
- Additional Information  
**Note:** Provide any additional information.

Signature of Contact Person:



10.03.16

\*The Assistant Superintendent's office must receive a signed waiver form for each student participating in an externally sponsored trip prior to the departure date.

**RETURN COMPLETED REQUEST TO BUILDING PRINCIPAL**

in:trash

Mail

Delete forever

More

COMPOSE

officer training

Trash x

Inbox (1,912)

Starred

Important

Chats

Sent Mail

Drafts (124)

Advisory Committee

AL\_CHEPELNIK

Denfeld

East

Ehlert

Follow up

Grant 2007

Grant 2008

HOSA

LSC

Mantoux

Misc

news and views

Priority

Root Folder

tech tip (1)

Less

All Mail

Spam (45)

Trash

Categories

Manage labels

Create new label

**Kimberly Olson** Do you have the dates of officer training 7:55 PM (46 minutes ago)



**Candy Leopold**

8:13 PM (28 minutes ago)

to me

Teacher workshop is November 17-18 at Holiday Inn East in St. Paul  
Officer training is November 18-19 at the Hilton Minneapolis/ St. Paul- airport MOA.

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## DISTRICT 709 FIELD TRIP REQUESTS

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**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, the Continental United States, or a Foreign Country - Trips that involve one or more overnight stops within Minnesota, the Continental United States, or a Foreign Country (externally sponsored) 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/EXTERNALLY SPONSORED TRIP ACTION**

Principal:                     Recommended                Name: Deboe BL 10/11/16  
                                        Not Recommended            Date: \_\_\_\_\_

Assistant Superintendent:  Recommended                Name: AS  
                                        Not Recommended            Date: \_\_\_\_\_

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: HOSA 11 th and 12 th Grade

2. Contact Person (Responsible for Checklist Completion): Kimberly S. Olson

3. Field Trip Date(s): December 1 – December 3, 2016 Destination: Camp Ripley

4. Field Trip Overview (Include events, establishments and locations)  
Emergency Preparedness camp, lessons in an authentic setting on CPR, 1st Aid, Psychological 1st Aid and Medical Reserve Corps and training for the HOSA group.

5. Field Trip Departure from School (Date and Time): December 1, 2016 at 7:00 am

Field Trip Return to School (Date and Time): December 3, 2016 at 7:00 pm

6. Objectives of Field Trip: Give students the opportunity to train for emergency preparedness .

7. Relationship to Curriculum or Student Learning: Leadership, teamwork, Program of Study and Career Pathways, Partnership for CTE. Implementing of Health Science Programs, increase effectiveness of teaching, legislative training, confident speaking and writing skills. Reinforcement of skills taught and application of skills.

8. Planned Follow-up Field Trip Activities:  
None

9. Field Trip Budget Request

<b>Estimated Expenses</b>	
Total Admission/Fees ( \$60.00 each)	\$1260
Total Meals	\$1596
Total Lodging	\$1260
Total Transportation	\$1200
<input checked="" type="checkbox"/> School District Vehicle(s)	
<input type="checkbox"/> Commercial Transportation Carrier ~ Name: _____	
Private Vehicle (requires certificate of insurance) ~ Name: _____	
Total Additional Stipends:	\$0
Other: (sub pay)	\$288
<b>Total</b>	<b>5584</b>

<b>Revenues</b>		
District Budget	Code:01-380-005-428-000	\$544
HOSA Group		\$5040
Donations		\$
Student Fees		\$
Total Additional Stipends:		\$
<b>Total</b>		<b>\$5584</b>

11. Reviewed/Completed Request Checklist:    xYes     No                     

**RETURN COMPLETED REQUEST TO BUILDING PRINCIPAL**

### FIELD TRIP REQUEST CHECKLIST - All Field Trips

DIRECTIONS: Please complete checklist. No attachments are necessary.

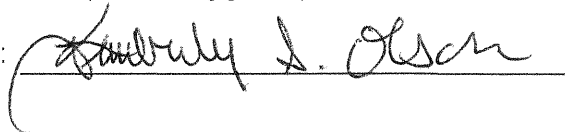
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**Example:** Supervision duties, no smoking, no alcohol
- Planned Itinerary

**TIME**

**LOCATION**

	Awaiting from HOSA State advisor

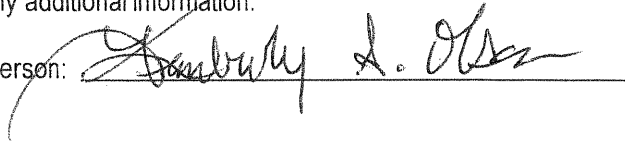
- Maintain Student Roster and Check-in/Check-out Procedure
- Arrangement for Safety Needs (i.e. crossing guards)

Signature of Contact Person: 

### FIELD TRIP REQUEST CHECKLIST – Extended/Externally Sponsored Trip Only

DIRECTIONS: Please complete checklist and attach all appropriate materials.

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**Note:** Attach tentative planned itinerary.
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- Arrange Lodging Plans and Room Assignments
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 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: Sue Lehman  
 Not Recommended Date: \_\_\_\_\_

Assistant Superintendent:  Recommended Name: OS Anderson  
 Not Recommended Date: 10/10/16

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 CHECKLIST - All Field Trips

DIRECTIONS: Please complete checklist. No attachments are necessary.

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

TIME

LOCATION


- Maintain Student Roster and Check-in/Check-out Procedure
- Arrangement for Safety Needs (i.e. crossing guards)

Signature of Contact Person:           Dani Westholm          

## FIELD TRIP REQUEST CHECKLIST - Extended Trip Only

DIRECTIONS: Please complete checklist and attach all appropriate materials.

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

Signature of Contact Person:           Dani Westholm

## FIELD TRIP REQUEST FORM

Date of Submission: 10/07/16

Type of Trip:       Instructional       Supplementary       Extended

1. Organization/Grade/Course Planning Trip: Wolf Ridge Parent Group
2. Contact Person (Responsible for Checklist Completion): Dani Westholm
3. Field Trip Date(s): March 10-12, 2017 Destination: Wolf Ridge FLC
4. Field Trip Overview (Include events, establishments and locations):  
Environmental Ed @ Wolf Ridge FLC

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5. Field Trip Departure from School (Date and Time): March 10, 2017 @ 2:45 PM  
Field Trip Return to School (Date and Time): March 12, 2017 @ 3 pm
6. Objectives of Field Trip: environmental ed and teamwork skills

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7. Relationship to Curriculum or Student Learning: n/a

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8. Planned Follow-up Field Trip Activities: n/a

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9. Field Trip Budget Request n/a - parent funded

Estimated Expenses	
Total Admission/Fees	\$
Total Meals	\$
Total Lodging	\$
Total Transportation	\$
<input type="checkbox"/> School District Vehicle(s)	
<input type="checkbox"/> Commercial Transportation Carrier ~ Name: _____	
<input type="checkbox"/> Private Vehicle (requires certificate of insurance) ~ Name: _____	
Total Additional Stipends:	\$
Other:	\$
<b>Total</b>	<b>\$</b>

Revenues	
District Budget	\$
Code:	\$
Booster Group	\$
Donations	\$
Student Fees	\$
Total Additional Stipends:	\$
<b>Total</b>	<b>\$</b>

11. Reviewed/Completed Request Checklist:       Yes       No

RETURN COMPLETED REQUEST TO BUILDING PRINCIPAL