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.

<u>Supplementary Trips</u> - 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.

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			11/
INSTRUCTIONAL TRIP ACT Principal:		Approved	Name: Krunek
		Not Approved	Date: 3/27/14
SUPPLEMENTAL TRIP ACT Principal:		Approved	Name:
		Not Approved	Date:
Instru	ictiona	l/Supplemental Trips nee	d not be sent to District office.
EXTENDED TRIP ACTION			(V ille
Principal:	\checkmark	Recommended	Name: //hull
		Not Recommended	Date:
Assistant Superintendent:	Z	Recommended	Name:
		Not Recommended	Date: 9010
School Board:		Approved	Name:
-		Not Approved	Date:
All extended trip prop		nust be sent to the Assis cation Committee meetin	ant Superintendent's Office to be placed on the gagenda for approval.

FIELD TRIP REQUEST FORM

Date	e of Submission:				
Тур	e of Trip: Instructional Supplement	ary 💢	Extended		
1. 2. 3. 4.	Organization/Grade/Course Planning Trip: <u>EAST</u> Contact Person (Responsible for Checklist Completion): Field Trip Date(s): <u>4/3-8/2014</u> Destina Field Trip Overview (Include events, establishments and (iffinevary attach	HS Bla ation: <u>N</u> locations):	Symphony & l ke Peterson 14C, NY	<u>Wind</u> Er or Elain	e Bradley
5.	Field Trip Departure from School (Date and Time):	<u> </u>	April 3, 9A	M PM	- -
6.	Objectives of Field Trip: <u>Perform in</u> <u>New York & New Ja</u> Cultural expansion	2vsey	, community	y buildin	- 5)
7. 8.	Relationship to Curriculum or Student Learning: Ex Performance, Attending Brock Planned Follow-up Field Trip Activities: Group	Refl	Musical Pro ection + Eva	ductron)	Ranship Hu Radio City Music Hall
9.	Field Trip Budget Request	Kec	ruested.		
	Estimate	ed Expens	ses		
	Total Admission/Fees			\$	
	Total Meals			\$	
	Total Lodging	—	·····	\$	
	Total Transportation School District Vehicle(s) Commercial Transportation Carrier ~ Name: Private Vehicle (requires certificate of insurance)	~ Name:		\$	
	Total Additional Stipends:				
	Other:			\$	
	Total			\$	
	r		-		
	Revenues				
		\$	- ·		
		\$	_		
		\$	4		
	Student Fees	\$			

11. Reviewed/Completed Request Checklist:

Total Additional Stipends:

Total

-

.

🗀 No

RETURN COMPLETED REQUEST TO BUILDING PRINCIPAL

\$ \$

🗀 Yes

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 see attac 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 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: EKBradlen, 15

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INSTRUCTIONAL TRIP ACTION					
Principal:		Approved	Name:		
		Not Approved	Date:		
SUPPLEMENTAL TRIP ACT	ION				
Principal:		Approved	Name:		
		Not Approved	Date:		
Instru	ctiona	I/Supplemental Trips nee	ed not be sent to District office.		
EXTENDED TRIP ACTION			$\sim 1 \sim 1/ \sim 1$		
Principal:	V	Recommended	Name: Xault		
	\bigvee_{\Box}	Not Recommended	Date: 37714		
			Clauber		
Assistant Superintendent:	Þ	Recommended	Name:		
		Not Recommended	Date: 3/3//04		
O-hard David	[]				
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:

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Type of Trip: 🗆 Instructional 🗔 Supplementary 🔀 Extended	
1. Organization/Grade/Course Planning Trip: Duluth FFA	
2. Contact Person (Responsible for Checklist Completion): Jennifer Maddle - FFA Advisor	
3. Field Trip Date(s): April 27-29 Destination: Twin Cities - State FFA Convention	
4. Field Trip Overview (Include events, establishments and locations): Students qualifying to compete	
@ stale level attend the state TFA convention. Most events take place on	
the U of M St. Paul Compus, Awards and General Sessions on Mpls Campus, We	
5. Field Trip Departure from School (Date and Time): Sun. April 27th 12:00 noon at the	ing
Field Trip Return to School (Date and Time): Tues. April 29th 680 p.m. Hampton	\sim
6. Objectives of Field Trip: Student participate at state feul. Also they Shores.	ew
allend leadership workshops and campus tour opportunities.	1 1
Experience > bigger proture of Agriculture career cluster, Students use w	, has
7. Relationship to Curriculum or Student Learning: <u>They is learned in class and in</u>	
the FFA organization in a competitive setting.	
8. Planned Follow-up Field Trip Activities: Share up other members + classes what students	
have gained fleamed. Spring banquet/ Picnic Decognizes the	
9. Field Trip Budget Request award winners	
A Total Admission/Fees Science Museum entry fee/como \$ 150.00 A. 800.0	σ₿
1 20 Total Lodging To rooms 1-advisor 1-bus driver? 5 student roomshiels 1236.00 140000	» رم
	5
D Total Transportation D School District Vehicle(s) Ismail bus w/ driver D Commercial Transportation Carrier ~ Name: (Voyageur) - Estimate Re: Aluce Polson	
Private Vehicle (requires certificate of insurance) ~ Name:	
E Total Additional Stipends: Convention Fees (Registration) \$ 395.00 E	
F. Other: Substitute cost- (2) Va days (instructor is \$200.00 F.	
Total (3988,00 Brillest Straff	
Revenues	*
District Budget Code: Booster Group Student Club Zect \$2825.00 100.00 200.00 lodging)	nuu
Donations Revenues (inchanged) \$ 560,00 Method \$ 800,00 \$50,00	
Student Fees\$ 800 ∞ 210.00 25.00 Total Additional Stipends:\$ 4195.0015.00Total\$ 4195.00	
Total Additional Stipends: $\$$ $4271477165175,00$ 15.00 Total $\$4185.00$ Support 175.00	
11 Deviewed/Completed Desweet Checklist	
Total\$4185.00SuB 200.00 11. Reviewed/Completed Request Checklist:YesNo3635.00560.00	
RETURN COMPLETED REQUEST TO BUILDING PRINCIPAL	
Estimate Total - 4185.00	

FIELD TRIP REQUEST CHECKLIST - All Field Trips DIRECTIONS: Please complete checklist. No attachments are necessary.

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Develop and Communicate Student Dissipling Expectations
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
Itinevany attached
Maintain Student Roster and Check-in/Check-out Procedure
Arrangement for Safety Needs (i.e. crossing guards)
Signature of Contact Person: Ampler Madul
Signature of Contact Person:
FIELD TOID DECLIFET CUECKLIST Extended Trip Only
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
E 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: Made Made Market
Signature of Contact Person: Made Made Made
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06/08/10

DISTRICT 709 FIELD TRIP REQUESTS

S. Peller FCCLA-HERO STUR. 4127-4129/14

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	ON	Approved	Nama	
Principal:	لــا	Approved	Name:	
		Not Approved	Date:	
SUPPLEMENTAL TRIP ACTI	ON			
Principal:		Approved	Name:	
		Not Approved	Date:	
Instruc	ctiona	I/Supplemental Trips nee	d not be sent to District office.	
EXTENDED TRIP ACTION				
Principal:	Ð	Recommended	Name: for duride	
		Not Recommended	Date:	
Assistant Superintendent:	\succ	Recommended	Name Crauppord	
		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 Subm	ission:
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21 7

Туре	e of Trip: Instructional I Supplementary Extended
1.	Organization/Grade/Course Planning Trip: FCCLA - HERO
2.	Contact Person (Responsible for Checklist Completion):Shonda Peiler
3.	Field Trip Date(s): 4/27/14 - 4/29/14 Destination: Brooklyn Park, MN
4.	Field Trip Overview (Include events, establishments and locations): <u>State Leadership Conference</u> - <u>State Conpetitions Inational qualitying</u> <u>Friduiding tours / Awas / Recognition of Shapler</u> Events
5.	Field Trip Departure from School (Date and Time): <u>4/27/14</u> 2:00 PM. Field Trip Return to School (Date and Time): <u>4/24/14</u> 8:00 PM.
6.	Objectives of Field Trip:
7.	Relationship to Curriculum or Student Learning: <u>Embedde within Curriculum</u> , Sharcase <u>Harning</u> , networking and competitue related to content.
8.	Planned Follow-up Field Trip Activities: advancement to national.
9.	Field Trip Budget Request

	Estin	nated Exp	enses			1
Total Admission/Fees	9 students	#2	advisor Chap	erens OILS pa	\$ 1265	I
Total Meals			5 2per ad	uer (Ytohl	\$ 52	
Total Lodging	3 per room stude				\$ 880	
	cle(s) Van ortation Carrier ~ Name: uires certificate of insuran		dy X3dy :	7 • • • • • • • • • • • • • • • • • • •	\$ 504	
Total Additional Stipends):):		-		\$	
Other:	Subst the	2 dus	statt		\$ 200	
Total					\$2901.	200
	Revenues					

Revenues	
District Budget Code: Perkins	\$ 96 Ce
Booster Group	\$
Donations	\$
Student Fees Reg Hote / gad trum)	\$ 1935.00
Total Additional Stipends:	\$
Total	\$1935000 2901.00

11. Reviewed/Completed Request Checklist:
Yes
No

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
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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.
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- Develop and Communicate Action Plan if Student Gets Lost on Trip
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 - 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

TBO.

LOCATION See alternus Freening Blud Hotel Brooklyn Pake M LOCATION

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

Arrangement for Safety Needs (i.e. crossing guards)

Signature of Contact Person:

Planned Itinerary

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
\square	Additional Information
	Note: Provide any additional information.
Sign	ature of Contact Person: