

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: Linna M. Jones
 Not Recommended Date: 2/22/16

Assistant Superintendent: Recommended Name: [Signature]
 Not Recommended Date: 1/5/17

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.

AD
1/5/17

FIELD TRIP REQUEST FORM

Date of Submission:

Type of Trip: Instructional Supplementary Extended

1. Organization/Grade/Course Planning Trip: Duluth Denfeld SkillsUSA Automotive Club
2. Contact Person (Responsible for Checklist Completion): Matthew "Phil" Rannila, SkillsUSA Advisor
3. Field Trip Date(s): March 31, 2017 – April 2, 2017 Destination: Double Tree, Bloomington, MN
4. Field Trip Overview (Include events, establishments and locations): _____

March 31, 2017 - Leave Duluth for Bloomington, MN, participate in SkillsUSA meetings, seminars, assemblies, hands-on competition, STEM completion, professional development training activities, and club organizational.

April 1, 2017 - Auto Service competition and STEM testing (7 am – 6 pm)

April 2, 2017 – Awards Breakfast and Medallion Presentation Ceremonies and Trade Show

April 2, 2017 – Leave for Duluth, MN (12:15 pm)

5. Field Trip Departure from School (Date and Time):

March 31, 2017 – 8:30 am

Field Trip Return to School (Date and Time):

April 2, 2017 – 4:00 pm

6. Objectives of Field Trip:
Students will participate in the Minnesota State Skill Contests, attend Personal Development Training Workshops, Technical Seminars, and learn more about post-secondary career choices, finances, educational sessions, and employment opportunities. Through workshops scholarship opportunities will be presented.

7. Relationship to Curriculum or Student Learning:
The Automotive Youth Education Systems (AYES) and the Automotive Service Excellence (ASE) organizations both require student participation in SkillsUSA as a vital component of maintaining National Automotive Technician Education Foundation (NATEF) accreditation for Denfeld High School. At this time Denfeld is only one of nine NATEF Secondary Automotive programs in MN.

8. Planned Follow-up Field Trip Activities:
The SkillsUSA students will complete their courses during the 2016-2017 school year, utilizing the training experience from the State Conference to participate in job shadowing activities, internship opportunities, and Post-Secondary Technical Education. Students who are designated as State Champions earn the opportunity to compete at the SkillsUSA National conference in the summer of 2017. .

9. Field Trip Budget Request

Estimated Expenses	
Total Admission/Fees (4 students @ \$125 each, 1 instructor @ \$125 each)	\$ 625
Total Meals: (Estimate \$50.00 per person)	\$ 250
Total Lodging: (One student room @ \$420, one instructor room for two nights @ 160 per night)	\$ 740
Total Transportation	\$ 180
<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:	\$
Other: Teacher Sub	\$ 144
Total	\$1939

Revenues		
District Budget	Code: 01-380-005-428-000	\$ 675
Booster Group		\$
Donations		\$
Student Fees and Self Pay		\$1264
Total Additional Stipends:		\$
Total		\$1939

01-380-005-428-000 is Perkins Grant Code

11. Reviewed/Completed Request Checklist: x Yes No

RETURN COMPLETED REQUEST TO BUILDING PRINCIPAL

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
3/31/17 - 8:00 AM DENFELD

LOCATION
Leave Denfeld to Travel to Bloomington, MN by ISD 709 VAN

TIME
4/2/17 - 4:00 PM DENFELD

LOCATION
Return to Denfeld and verify students have rides home

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

Signature of Contact Person:

Matthew Phil Rannula

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:

Matthew Phil Rannula

The purpose of the 2017 SkillsUSA Extended Field Trip

Since 1997 the Secondary Technical Center/Denfled High School Automotive Program has participated in SkillsUSA. As the Automotive Program instructor and SkillsUSA Advisor, it is my goal to bring our team to Bloomington, Minnesota on March 31, 2017, to participate in the state SkillsUSA conference. The conference will conclude at noon on Sunday, April 2, at which time we will return to Duluth.

In the spring of each school year, approximately 350 business and industry leaders get together and over 90 technical contests to the student members from across the state. These are entry-level, hands-on skill contests, evaluated by the same leaders who prepared them. Four students from Denfeld Automotive will participate in the Auto Service Technology Competition from 8 AM to 2 PM on Saturday, April 1.

When our team returns to the conference center on Saturday afternoon, , they will participate in written examinations in Safety, Tool and Equipment Identification, and Trade Mathematics, followed by the hands-on Manual Dexterity Challenge.

These Auto Service Technology contests are based on industry driven occupational skill standards, and utilize Core Curriculum and STEM Standards.

Industry donates many thousands of dollars in prizes in the form of scholarships, tools, equipment, and training aids/supplies for participating schools. Business partners work throughout the school year to plan the competitive events and many of these partners hire students right off the competition floor! The top three competitors in each area are recognized, and every first place winner will be offered the opportunity to participate in the National SkillsUSA Conference, in Louisville, Kentucky in June of 2017

SkillsUSA is an integrated component of the AYES (Automotive Youth Education Systems) national curriculum, and NATEF (National Automotive Technician Education Foundation) curriculum, both of which are utilized at the Denfeld Automotive Program

ISD 709 SkillsUSA students participate in the Personal Development Program during after-school meetings at Denfeld High School, which qualifies them to compete at a local, state, and national level.

Denfeld Automotive SkillsUSA Club - 2017 State Conference Field Trip

Bloomington, Minnesota from March 31st to April 2nd, 2017

Field Trip Request Checklist

All students and the advisor will be given a complete, well-defined conference itinerary from SkillsUSA upon arriving at the Hotel

Students and advisor have all completed the SkillsUSA Code of Conduct and Personal Information documents concerning emergency contact, parental permission and signatures, home phone numbers, and medical/insurance information. This information will be placed on file at the SkillsUSA event headquarters. I will also have all pertinent information in my possession if I need to contact a parent.

The SkillsUSA Code of Conduct sets high expectations for compliance with all rules, policies, and expectation of the SkillsUSA National Organization. These expectations are shared at arrival and in the printed Conference Handbook distributed to all persons in attendance at the conference.

SkillsUSA will have appropriate lodging and room assignments completed and the information will be sent to the Denfeld Club Advisor in mid-March 2014.

Funding of student expenses will be supplemented by utilizing the resources of our local Denfeld Automotive SkillsUSA Activity account. All students will be paying for their own meals and personal expenses, and these students have all participated in Automotive Program fundraising activities during the 2016-17 school year.

Advisors will pay for their own meals. As the Denfeld Advisor, I will have sufficient personal funds to insure that the student's needs are met if unexpected expenses or situations arise.

Form To Be Completed by all Persons Attending

The SkillsUSA Event

SkillsUSA CONFERENCE REGISTRATION, PERSONAL AND LIABILITY RELEASE FORM

Read the other side of this form. Then, complete the *entire* form. Type or print clearly.

- Participants must wear their name badge *at all times* during the conference.
- They should also carry a copy of their medical insurance card at all times.

1 Complete this entire section.

Participant's home address is required. Do not use school address as home address.

Email address is required. Pre-conference information will be sent electronically.

SkillsUSA State Association:			Parents'/Guardians' Names (if participant is under age 18):		
Check one: <input type="checkbox"/> High School Division (Secondary) <input type="checkbox"/> Middle School Division <input type="checkbox"/> College/Postsecondary Division			Parents' Telephone Number (area code required): ()		
Participant's Name (First, Last) as it should appear on name badge:			Name of SkillsUSA Advisor for participant's occupational area:		
Participant's HOME Address:			School where participant's occupational training/trade area is taught:		
City:	State:	ZIP Code:	Mailing Address of above school:		
HOME Telephone (area code required): ()	CELL Phone (area code required): ()	City:	State:	ZIP Code:	
Age:	Date of Birth (MM/DD/YY):	Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	School Telephone Number (area code required): ()		
EMAIL address (to receive important instructions/contest updates before conference):			Participant's T-shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/> 5X		

2 Contestants *only*, complete this section.

All others, complete this section.

Check: <input type="checkbox"/> Contestant	Contest Abbreviation: _____ and Name (from cover sheet) in which competing:	
Graduation Year:	Occupational Training/Trade Area in which contestant is enrolled:	
Check one: <input type="checkbox"/> Advisor (Teacher) <input type="checkbox"/> Delegate	<input type="checkbox"/> State Association Director <input type="checkbox"/> State Association Director's Spouse/Child	<input type="checkbox"/> Observer (Student, Family, Child, Other, Etc.) _____

3 Complete this on-site emergency contact/ADA information.

Name of Teacher/Adult chaperoning participant at conference:	Check "Yes" if participant has a disability that meets criteria specified in the Americans with Disabilities Act (ADA). We will contact you for further information. <input type="checkbox"/> Yes
ON-SITE Telephone Number of teacher/adult chaperone (area code required): ()	

4 Check the appropriate box to signify the participant's agreement.

I have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, the Release of Personal Information Through Lead Retrieval System statement, and the Photography and Sound Release agreement, and, by checking the box, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA's national and state associations.

I have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, the Release of Personal Information Through Lead Retrieval System statement, and the Photography and Sound Release agreement, and, by checking the box, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA's national and state associations. I have provided all necessary medical information to the adult chaperoning my child at this event so that this person may act on my behalf in case of a medical emergency.

PARTICIPANTS —
CHECK HERE IF YOU ARE **OVER AGE 18**
AND ATTEST:

PARENT/GUARDIAN —
CHECK HERE TO ATTEST FOR PARTICIPANT
(MANDATORY IF PARTICIPANT IS **UNDER AGE 18**)

SkillsUSA Personal Liability and Medical Release Form

I hereby agree to release SkillsUSA Inc., its representatives, agents, servants and employees from liability for any injury to the named person, resulting from any cause whatsoever occurring to the named person at any time while attending the SkillsUSA National Leadership and Skills Conference, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of representatives, agents, servants and employees. I voluntarily assume all risk and danger relating to the conference, whether occurring prior to, during or after the event.

I do voluntarily authorize the SkillsUSA National Leadership and Skills Conference medical services coordinator, assistants and/or designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the named person as deemed necessary in medical judgment. Parents/guardians of participant will allow **emergency medical treatment** to be administered as needed. Any further treatment will require parental/guardian consultation.

I agree to indemnify and hold harmless SkillsUSA Inc. and said medical services coordinator and/or assistants and designees for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

Having read and understood completely the "Code of Conduct" of SkillsUSA Inc., I do hereby agree to follow the procedures and practices described. I fully understand that this is an educational activity and will, to the best of my ability, apply myself for the purpose of learning and will uphold at all times the finest qualities of a person representing SkillsUSA.

Audio- or videotaping of conference speakers is not permitted.

NOTE: All persons under legal age must have a parent or guardian check this form (see other side). If you are age 18 or older, please indicate that on other side of this form. Otherwise, this form will be returned for parent/guardian approval. All participants must check this form.

Release of Personal Information Through Lead Retrieval System

Each participant name badge at SkillsUSA's National Leadership and Skills Conference will include a barcode that includes personal information.

I understand that by giving my verbal permission to vendors and staff associated with the conference, this information will be used for follow-up after the conference. Personal information will include name, e-mail address, mailing address, training program and contest area, where appropriate.

By checking the box on the other side, I acknowledge my understanding of this statement.

Code of Conduct Agreement

SkillsUSA's National Leadership and Skills Conference is designed to be an educational function, and all plans are made with that objective. It is SkillsUSA's most significant meeting of the year, with thousands of students attending from all over the nation. It is approved as a major educational activity by the National Association of Secondary School Principals and the Association for Skilled and Technical Sciences.

SkillsUSA wants every person to have an enjoyable experience with every attention paid to safety and comfort. All participants will be expected to conduct themselves in a manner best representing SkillsUSA as the nation's greatest student organization.

For everyone to receive the maximum benefits from participation, SkillsUSA's "Code of Conduct," as established by its national board of directors, must be followed at all times.

Note that attendance is not mandatory. By voluntarily participating, you agree to follow the official conference rules and regulations or forfeit your personal rights to participate. SkillsUSA is proud of its students and knows that by signing this "Code of Conduct" you are simply reaffirming your dedication to be the best possible representative of your state.

1. I will, at all times, respect all public and private property, including the hotel/motel in which I am housed.
2. I will spend each night in the room of the hotel/motel to which I am assigned.
3. I will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.
4. I will not enter any hotel room other than the one to which I am assigned. I understand that I am assigned a hotel room for the sole purpose of overnight accommodation.
5. I will not use alcoholic beverages. I will not use drugs unless I have been ordered to take certain prescription medications by a licensed physician. If I am required to take medication, I will, at all times, have the orders of the physician on my person.
6. I will not leave the hotel/motel without the express permission of my advisor or state association director. Should I receive permission, I will leave a written notice of where I will be.
7. My conduct shall be exemplary at all times.
8. I will keep my advisor or state association director informed of my whereabouts at all times.
9. I will, when required, wear my official identification badge.
10. I will respect official SkillsUSA attire and not smoke while wearing it.
11. I will attend, and be on time for, all general sessions and activities that I am assigned to and registered for.
12. I will adhere to the dress code at all required times.

Violations and Penalties

I agree that if, for any reason, I am in violation of any of the rules of the conference, I may be brought before the appropriate disciplinary committee for an analysis of the violation. I also agree to accept the penalty imposed on me. I understand that any penalty and reasons for it will be explained to me before it is carried out. I further realize that the severity of the penalty may increase with the severity of the violation, even to the extent of being immediately sent home at my own expense.

1. Violations of Items 1 through 6 of the "Code of Conduct" will be grounds for immediate removal from office and relinquishment of awards and recognition. In addition, the violator will be sent home at his or her own expense. Notification of the violation and the action taken will be sent to the participant's state department of education and parents or guardians. The participants from the participant's state could be disqualified as well.
2. Violations of Items 7 through 12 will result in a warning and reprimand. Notification of the violation and the action taken will be sent to the participant's state department of education and parents or guardians. Repeated violations of Items 7 through 12 may result in the participant being sent home at his/her own expense.

It is within the spirit of being a proud and meaningful member of SkillsUSA that I agree to these rules of conduct by attesting to the statement on the other side of this page.

Photography and Sound Release

By my attendance at the conference, I hereby grant SkillsUSA's national headquarters permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by SkillsUSA's headquarters permission to use the finished silent or sound pictures and/or sound recordings as deemed necessary. I understand that my name may or may not appear with my photo, sound picture or sound recording.

Further, I hereby relinquish to SkillsUSA's national headquarters all rights, title, interest in and income from the finished sound or silent motion pictures,

still pictures and/or sound recordings, negatives, prints, reproductions and copies of the originals, negatives, recording duplicates and prints, and further grant SkillsUSA's national headquarters the right to give, sell, transfer and/or exhibit the same to any individual, business firm, publication, television station, radio station or network, or governmental agency, or to any of their assignees, without payment or other consideration to me.

My agreement to perform under camera, lighting and stated conditions is voluntary. I do hereby waive all personal claims, causes of action or damages against SkillsUSA's national headquarters and the employees thereof arising from a performance or appearance.