

**Buffalo-Hanover-Montrose Public Schools**  
**Optional Field Trip/Overnight or Out-of-State Trip Form**

School BHS Group Making Request Buffalo FFA  
Principal Mr. Mische Person in Charge Mr Wirkus/Mr Wilts

1. Destination: UW-River Falls

2. Dates of Trip: Friday Oct. 14<sup>th</sup> Number of School Days Missed: 1

3. Number of Students: Male 2 Female 2

4. Grade Levels Included: 9-12

5. Supervision requirements: one adult for every 12 students. Same gender chaperone must be included for each gender participating.

a. Staff Accompanying: Gery Wirkus

b. Other Adults Accompanying: —

7. Describe the purpose and objectives of the trip:

MN Region 4 Horse Evaluation Contest  
9am - 1pm

8. Cost Factors:

a. Trip funded by: No cost

1. School Account

2. Individual student

b. Cost per person ~~10.00~~ Zero dollars

c. What provision has been made for students with financial difficulties? Fund raising activities conducted?  
—

d. What efforts have been made to acquire the most cost effective price?

\_\_\_\_\_  
\_\_\_\_\_

1. Faculty members may not receive any salary remuneration relating to field trips from outside agencies or arrange trips for financial gain. Is a portion of the funds provided by students paying for or reducing chaperone costs? YES NO

2. Insurance Issues

a. Will students need additional medical insurance coverage? YES NO

b. Is group tour insurance being purchase? If so, what is the coverage and cost?  
\_\_\_\_\_

9. Transportation Information: How will students be transported?

a. Bus \_\_\_\_\_ Name of Company \_\_\_\_\_

b. Plane \_\_\_\_\_ Name of Airline \_\_\_\_\_

c. School District van/s 1 \_\_\_\_\_

d. School District not responsible for transportation \_\_\_\_\_

e. Other – explain \_\_\_\_\_

10. Communication - Please attach a copy of the trip itinerary. Include parental and student input in the planning process and all parent meetings conducted to ensure full disclosure of the trip and associated topics to include but not limited to: purpose of the trip, cost (to include spending money), fund raising, adult chaperones, emergency telephone numbers, medical insurance needs, procedure for sending a student home in case of an emergency (medical, disciplinary, etc.) and itinerary.

Person in Charge Signature [Signature]

Date 9-7-2022

Activities Director Signature [Signature]

Date 9/7/22

Superintendent Signature [Signature]

Date 9/9/22