

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.

Trip Leader/Staff Member Name: Jim Bruder

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

TOUR CHECKLIST	RESPONSE
1. Dates of travel	12/30/2024 - 01/01/2025
2. Trip destination	Birkie Trail, Cable, WI
3. SUBMIT: Complete roster of travelers. Include a link to your roster in the response. <i>Link to roster template: TOUR ROSTER</i>	<input checked="" type="checkbox"/> Tour Roster for Birkie Trail Trip 2025
4. SUBMIT: Detailed Itinerary, including hotel names, addresses and phone numbers. Include a link or attach a document with these details in your response.	<input checked="" type="checkbox"/> Itinerary for Birkie Trail Trip 2025
5. Final number of student travelers	20
6. Final number of adult travelers who are paying their own way/fare.	0
7. Final number of adults travelers who are traveling with a free or reduced fare. [If any, include the amount by which their fare is reduced]	5 adult travelers who are traveling at a reduced fare (~\$100 reduction)
8. Final number of district employees (also include in #6 and #7 counts)	3
9. Ratio of adults to students	1 to 4
FINAL TOTAL of Number of Travelers (Adults and Students)	25
12. Have parents received detailed information about the cancellation policies and fees?	yes
13. Is travel insurance through the tour company required OR optional for your travelers?	optional

15. Has the district completed background checks for all adults?	yes
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16. 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.	Private
17. How will you communicate with travelers while on tour?	Phone (Remind)
18. How will you communicate with families back home/not on tour?	Email and Phone
19. What is your plan for those requiring medication?	Receive detailed medicine plans from parents and giving a coach that responsibility

JIM BRUDER

_____ Staff
 Member's/Group Leader's Signature Date

Required Approvals:

 AD 12/4/24 _____ Principal
 Signature Date

 * 12/4/24 _____
 Superintendent/Designee Signature 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.

* Approval is pending background checks and full detailed roster.

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: 10/11/2024 Your name and school: Jim Bruder Two Rivers High School

Your Email: james.bruder@isd197.org Your Phone Number: 312-515-3093

Date Principal was notified of this trip: 10/11/2024

Dates of Trip: 12/30/2024- 1/1/25 Date/Time Leaving: 12/30/24 8am Date/Time Returning: 1/1/25 3pm

Destination(s): Telemark Northwoods Lodging - Cable, WI

Who is this trip for (subject and grade levels)? Two Rivers Nordic Ski Team

Estimated number of students that will participate: 35

Estimated number of chaperones that will participate (all chaperons must undergo a background check): 10

*Chaperone names: Pam Stein, Will Stein, Kelly Aukema, Brian Aukema, Alexis Vogen, Kirk Vogen

Brandi Hoffman, Mitch Hoffman, Jim Bruder, Celeste Kiewel, Jess Emery, Kelsey Halverson

What is your chaperone ratio: One Adult Chaperone for every 3.5 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: isd 197 bus Transportation Costs: \$ 800 2200 JB

(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: Telemark Northwoods Lodging Lodging Costs: \$ 3,300

(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: \$ 150 200 Costs covered by: Nordic Warriors Boosters

Cost per student: \$ 150 200 Costs covered by: Nordic Warriros Boosters

Sub costs, if any, paid by: Nordic Warrior Boosters TOTAL COST: \$ 4500 5900 JB

Please list all current School District 197 employees who will accompany this trip: Jim Bruder, Jess Emery

Kelsey Halverson, Celeste Kiewel

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): Ski training trip

Summary: 4 ski training sessions over 2.5 days, breakfast, lunch, and dinner provided

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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	Giants Ridge Biwabik	30	12-18	coordinator/coach

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.)



10/11/2024

Trip/Group Leader's Signature

Date

Part 2 - Approvals:



11/4/2024

Principal Signature

Date



11/4/2024

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.