

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: Aaron Ashley

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

TOUR CHECKLIST	RESPONSE
1. Dates of travel	After school 4/1/2026-4/4/2026
2. Trip destination	Washington D.C.
3. SUBMIT: Complete roster of travelers. Include a link to your roster in the response. <i>Link to roster template: TOUR ROSTER</i>	Washington DC roster 2026
4. SUBMIT: Detailed Itinerary, including hotel names, addresses and phone numbers. Include a link or attach a document with these details in your response.	Mid-year review itinerary attached, includes hotel and flight information. Some information does not get locked in until 75 days out.
5. Final number of student travelers	69
6. Final number of adult travelers who are paying their own way/fare. 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]	0 7 staff members, 100% comp
8. Final number of district employees (also include in #6 and #7 counts)	7
9. Ratio of adults to students	1:10
10. FINAL TOTAL of Number of Travelers (Adults and Students)	76
11. Have parents received detailed information about the cancellation policies and fees?	yes
12. Is travel insurance through the tour company required OR optional for your travelers?	optional

13. Has the district completed background checks for all adults?

Yes, all adults

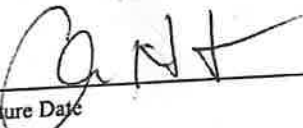
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14. Is this a private tour, or will you be traveling with students from other schools? If so, please include the full roster of the adjoining group.	private
15. How will you communicate with travelers while on tour?	Group Me app
16. How will you communicate with families back home/not on tour?	Group Me app
17. What is your plan for those requiring medication?	Check roster with nurse before leaving and confirm any medication needs with parents at final trip meeting in March 2026.

Aaron Ashley 3/20/25
Staff Member's/Group Leader's Signature Date

Required Approvals:

 12-15-25 Principal
Signature Date

 12-15-22
Superintendent/Designee Signature Date

Board Approval Date Approved School

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.