

**Field Trip / Overnight Athletic Team Trip
Pre-Approval Form**



PLEASE REVIEW FIELD TRIP PROCEDURES/REQUIREMENTS ON BACK OF FORM PRIOR TO SUBMITTING FOR APPROVAL.

Teacher/Coach/Advisor: Rachel Steil Cell Phone #: (618) 333-0373

In conjunction with (team/class/organization): ELS Adv Comm + Top Culture

Educational/Trip Purpose: Urbanism exploration, Career Awareness

☒ Itinerary details must be attached

Destination: New York

Destination Address/Phone: Hotel: 136 W 42nd St, New York, NY
(Address, City, State) (Phone number)

Departure from school Date: 9/22/25 Return to school Date: 9/23/25

Depart from school Time: 12:30 p.m. Arrival to destination Time: 7:00 p.m.

Departure from destination Time: 9:05 Return to school Time: 5:15 p.m.

Number of: Students/Team Members: (Attach List) TBD

Directors/Coaches: Steil Names: _____

Chaperones*: TBD Names: _____

* All chaperones must have a completed and approved criminal background check.

Mode of Travel (see back for more info): Airline, Delta (see attached)

Lodging Information (if overnight): 136 W 42nd St, New York, NY 612-840-4600
(Hotel Name, Address, City, State) (Phone number)

☒ Safety/Security Plans Reviewed 4/Parent Handbook
(Date and manner in which information provided)

☒ Discipline & Chemical Policy & Rules Reviewed Parent Handbook
(Date and manner in which information provided)

Estimated Cost \$
Transportation \$ 418
Housing \$ 634.20
Fees \$ 444
Supplies \$ _____
(other) \$ _____

Total Cost \$ 1196/Student
Student Cost \$ _____ District Cost \$ 300
Funding Source (i.e. grant, prof. dev., etc.): Perkins for

Steil

Teacher/Coach Signature: _____

Department Chair/Athletic Director Approval: [Signature] (Date) 8/22/25

Building Administration Approval: [Signature] (Date) 9/9/25

FOR OVERNIGHT FIELD TRIPS AND ATHLETIC TEAM TRIPS ONLY

District Administrative Approval: [Signature] (Date) _____