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:

<u>Instructional Trips</u> - 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.

<u>Supplementary Trips</u> - 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.

<u>Extended Trips Within Minnesota and Continental United States</u> - 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: Manue: 100 100 | | | |
| | ☐ Not Recommended | Date: | | | |
| | | | | | |
| Assistant Superintendent: | Recommended | Name: | | | |
| | □ Not Recommended | Date: 4/16/8 | | | |
| | | | | | |
| School Board: | ☐ Approved | Name: | | | |
| | ☐ Not Approved | Date: ———— | | | |
| | 1101/101/00 | | | | |
| All extended trip proposals must be sent to the Assistant Superintendent's Office to be placed on the | | | | | |
| | Education Committee mee | ting agenda for approval. | | | |
| i e | | | | | |

FIELD TRIP REQUEST FORM

| Date | te of Submission: | | | | |
|----------|--|--|--|--|--|
| Тур | pe of Trip: Instructional Supplementary Extended | | | | |
| 1. | Organization/Grade/Course Planning Trip: Denfeld Jazz Band 9-12 | | | | |
| 2. | Contact Person (Responsible for Checklist Completion): Joshua Lehigh | | | | |
| 3. | Field Trip Date(s): 4/26-4/27 Destination: Eau Claire, WI | | | | |
| 4. | Field Trip Overview (Include events, establishments and locations): | | | | |
| | Eau Claire Jazz Festival. Friday evening Festival Concert and Saturday performance/maste | | | | |
| 5. | Field Trip Departure from School (Date and Time): Friday, 26th @ 4:30 PM | | | | |
| | Field Trip Return to School (Date and Time): Saturday 27th @ 6 PM | | | | |
| 6. | Objectives of Field Trip: Perform at the festival, listen to other high school jazz groups, rec | eive clinic with guest | | | |
| | Clinicians, hear concert performed by "New York Voices" and Eau Claire's top jazz band. | | | | |
| | | | | | |
| 7. | Relationship to Curriculum or Student Learning: Performance, cultural experience, making | aesthetic judgments, | | | |
| | | | | | |
| 8. | Planned Follow-up Field Trip Activities: Listen to recordings, discuss the trip, view clinicians | comments. | | | |
| 8. 9. | Field Trip Budget Request | comments. | | | |
| | Field Trip Budget Request Estimated Expenses | | | | |
| | Field Trip Budget Request Estimated Expenses Total Admission/Fees | \$ 555 | | | |
| | Field Trip Budget Request Estimated Expenses Total Admission/Fees Total Meals | | | | |
| | Field Trip Budget Request Estimated Expenses Total Admission/Fees | \$ 555 \$ | | | |
| | Field Trip Budget Request Estimated Expenses Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) | \$ 555 \$ \$560 | | | |
| | Field Trip Budget Request Estimated Expenses Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) X Commercial Transportation Carrier ~ Name: LGS Coaches | \$ 555 \$ \$560 | | | |
| | Field Trip Budget Request Estimated Expenses Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) | \$ 555 \$ \$560 | | | |
| | Field Trip Budget Request Estimated Expenses Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) X Commercial Transportation Carrier ~ Name: LCS Coaches Private Vehicle (requires certificate of insurance) ~ Name: | \$ 555 \$ \$560 | | | |
| | Field Trip Budget Request Estimated Expenses Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) X Commercial Transportation Carrier ~ Name: LGS Coaches | \$ 555 \$ \$560 \$ 1,200 \$ 1,200 | | | |
| | Field Trip Budget Request Estimated Expenses Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) X Commercial Transportation Carrier ~ Name: LCS Coaches Private Vehicle (requires certificate of insurance) ~ Name: Total Additional Stipends: | \$ 555 \$ \$560 \$ 1,200 | | | |
| | Field Trip Budget Request Estimated Expenses Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) X Commercial Transportation Carrier ~ Name: LGS Ceaches Private Vehicle (requires certificate of insurance) ~ Name: Total Additional Stipends: Other: Total | \$ 555 \$ \$560 \$ 1,200 \$ 1,200 | | | |
| | Field Trip Budget Request Estimated Expenses | \$ 555 \$ \$560 \$ 1,200 \$ 1,200 | | | |
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☐ No

11. Reviewed/Completed Request Checklist: X Yes

FIELD TRIP REQUEST CHECKLIST - All Field Trips

DIRECTIONS: Please complete checklist. No attachments are necessary.

- Develop and Communicate Student Discipline Expectations Χ
- Forward Field Trip Explanation and Fee Structure Letter Sent to Parents/Guardians Χ
- Collect Parent/Guardian Permission for Student Participation in Field Trip (Include request for special information i.e. allergies, Χ medications, special needs.)
- Χ Gain Access to Cell Phone for Field Trip
- Plan Arrangements for Early Pick-Up or Late Drop-Off Students (if necessary). Χ

Guide: May choose to leave message on school voice mail to help with late drop off.

Χ Plan Meal Arrangements (if necessary)

Reminder: Notify food service of non-participation.

Plan Administration of Student Medication and First Aid Needs (if necessary) Χ

Guide: Contact School Nurse.

- Develop and Communicate Action Plan if Student Gets Lost on Trip Χ
- 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 Χ

Example: Supervision duties, no smoking, no alcohol

Χ Planned Itinerary

| | TIME | LOCATION |
|------|--|--|
| | 4:30 PM | Depart Denfeld |
| | 7:30 PM | Attend Festival Concert, feat. UEWC Jazz I and New York Voices |
| | 10 PM | Back to hotel |
| | Sat.: | Perform, attend clinics and other performances, |
| | 3 PM | Depart Eau Claire for Denfeld |
| Χ | Maintain Student Roster and Check-in/Check-out Procedure | |
| Χ | | |
| Sigr | ature of Contact Person: | |

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 Χ **Note:** Attach tentative planned itinerary.
- Arrange Funding of Expenses During Trip Χ
- Χ Arrange Meal Plans
- Arrange Lodging Plans and Room Assignments Χ
- Χ Collect Family Emergency Information for Students

Example: Home phone numbers, emergency contacts, medical information

Χ Additional Information

Note: Provide any additional information.

| Signature of Contact Person: | |
|------------------------------|--|
|------------------------------|--|