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 ACTI Principal:	ION Approved	Name:
, and the second	□ Not Approved	Date:
SUPPLEMENTAL TRIP ACTI	ION	
Principal:	☐ Approved	Name:
	☐ Not Approved	Date:
	ctional/Supplemental Trips n	eed not be sent to District office.
EXTENDED TRIP ACTION		1:00 B
Principal:	Recommended	Name:
	□ Not Recommended	Date: 3/28///
Assistant Superintendent:	Recommended Not Recommended	Name: Name: Name: 1/8/1/
School Board:	☐ Approved	Name:
	☐ Not Approved	Date:
All extended trip propo	sals must be sent to the Assi Education Committee meet	stant Superintendent's Office to be placed on the ing agenda for approval.

FIELD TRIP REQUEST FORM

Date	e of Submission:	
Тур	e of Trip: Instructional Supplementary Extended	1
 1. 2. 3. 4. 	Organization/Grade/Course Planning Trip: FCCLA -HERO (Migh School Contact Person (Responsible for Checklist Completion): Short Peller Field Trip Date(s): 7-9-1(11-15-11 Destination: Ana height CA Field Trip Overview (Include events, establishments and locations): Set attached	Early (h; Idhod)
5.	Field Trip Departure from School (Date and Time): 7-9-11 Mpls. MN 9 Field Trip Return to School (Date and Time): 7-15-11 Dututh, MN	12:00,000
6.	Objectives of Field Trip: Compete in STAR Student eve headwship Conference Sessions	nt (prequalified
7.8.	Relationship to Curriculum or Student Learning: Service Learning experience Conmunity partnership, related to care-es/cur Planned Follow-up Field Trip Activities: To donor organizations upon returned	riculn of Early Child
9.	Field Trip Budget Request	inity
	Estimated Expenses	
	Total Admission/Fees	\$ 307
	Total Meals	\$ 75
	Total Lodging	\$493
	Total Transportation	\$
	School District Vehicle(s)	1
	Commercial Transportation Carrier ~ Name:	
	Private Vehicle (requires certificate of insurance) ~ Name:	270
	Total Additional Stipends:	\$
	Other: misc actuals / handling they	\$235
	Total	\$1378
	D	
	Revenues District Budget Code: \$ /3 78	
	Booster Group \$	
	Donations \$	
	Student Fees \$	
	Total Additional Stipends: \$	
	Total \$	
11.	Reviewed/Completed Request Checklist: Yes \(\subseteq \text{No} \)	

RETURN COMPLETED REQUEST TO BUILDING PRINCIPAL

FIELD TRIP REQUEST CHECKLIST - All Field Trips DIRECTIONS: Please complete checklist. No attachments are necessary.

	Develop and Communicate Studies Forward Field Trip Explanation at Collect Parent/Guardian Permis medications, special needs.) Gain Access to Cell Phone for Figure Plan Arrangements for Early Pictoria May choose to leave meter Plan Meal Arrangements (if necessary Plan Administration of Student Mount of Communicate Action Arrange Adult Chaperones for Figure Contact School Nurse. Develop and Communicate Action Arrange Adult Chaperones for Figure Contact School Nurse. Develop and Communicate Teact Example: Supervision duties, not contact Su	and Fee Structure Letter S sion for Student Participal field Trip sk-Up or Late Drop-Off Stu- essage on school voice messary) of non-participation. Medication and First Aid Non Plan if Student Gets Lo ield Trip (if necessary) wenty (20) students dependent	Sent to Parents/Guardia tion in Field Trip (Includ udents (if necessary). ail to help with late drop leeds (if necessary) ost on Trip anding on field trip. Pare	le request for special inform	
	Planned Itinerary	o smoking, no alcohor		1	
	•	LOCATION	See attent	hod.	·
7	Maintain Student Roster and Charrangement for Safety Needs (instance of Contact Person:			nded Trip Only	
		ONS: Please complete ch			
MANUX X	Develop and Complete Field Trip Note: Attach tentative planned Arrange Funding of Expenses Di Arrange Meal Plans Arrange Lodging Plans and Room Collect Family Emergency Inform Example: Home phone number Additional Information Note: Provide any additional information	itinerary. uring Trip m Assignments nation for Students rs, emergency contacts, n		etter to Parents/Guardians	

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INSTRUCTIONAL TRIP ACT	ION ,	,
Principal:	Approved	Name: 2
	Not Approved	Date:
SUPPLEMENTAL TRIP ACT	IOŅ	
Principal:	Approved	Name /
	☐ Not Approved	Date:
		,
Instru	ctional/Supplemental Trips ne	ed not be sent to District office.
EXTENDED TRIP ACTION		Va - 1 TERCER
Principal:	Recommended	Name: TRISTIN 1888
	Not Recommended	Date: 3/18///
	S /	, , (
Assistant Superintendent:	Recommended	Name:
	Not Recommended	Date: 7811
School Board:	Approved	Nama:
School board.	Approved	Name: ————
	□ Not Approved	Date:
All extended trip propo	sals must be sent to the Assis Education Committee meeti	stant Superintendent's Office to be placed on the ng agenda for approval.

FIELD TRIP REQUEST FORM

Date of Submission:			
Type of Trip: Instructional Supplementary Extended			
1. Organization/Grade/Course Planning Trip: Grade 5 Lak	Someond		
2. Contact Person (Responsible for Checklist Completion): Lowse Friday	269-2399		
3. Field Trip Date(s): 6-8-9-1/Destination: Camp Mu	aler,		
4. Field Trip Overview (Include events, establishments and locations):			
5. Field Trip Departure from School (Date and Time): 9 am / 6 - 8 Field Trip Return to School (Date and Time): 12 6 - 9			
Field Trip Return to School (Date and Time):			
6. Objectives of Field Trip:			
Celebrate End of Ge	000		
7. Relationship to Curriculum or Student Learning:			
			
8. Planned Follow-up Field Trip Activities:			
o. Flatilied Follow-up Field Trip Activities.			
	7		
9. Field Trip Budget Request			
Estimated Expenses			
Total Admission/Fees	\$1700		
Total Meals	\$ 550		
Total Lodging	\$ —		
Total Transportation	\$350		
School District Vehicle(s)			
Commercial Transportation Carrier ~ Name: ————————————————————————————————————			
Private Vehicle (requires certificate of insurance) ~ Name:			
Total Additional Stipends:	\$		
Other:	\$		
Total	\$ 2600		
Revenues			
District Budget Code: \$			
Booster Group \$			
Donations \$ 312			
Student Fees \$ 228%			
Total Additional Stipends: \$			
Total \$ 2600			
11. Reviewed/Completed Request Checklist: Yes No			

RETURN COMPLETED REQUEST TO BUILDING PRINCIPAL

FIELD TRIP REQUEST CHECKLIST - All Field TripsDIRECTIONS: Please complete checklist. No attachments are necessary.

Develop and Communicate Student Discipline Expectations Forward Field Trip Explanation and Fee Structure Letter Sent to Parents/Guardians Collect Parent/Guardian Permission for Student Participation in Field Trip (Include request for special information - i.e. allergies,
medications, special needs.)
Gain Access to Cell Phone for Field Trip
Plan Arrangements for Early Pick-Up or Late Drop-Off Students (if necessary).
Guide: May choose to leave message on school voice mail to help with late drop off.
Plan Meal Arrangements (if necessary)
Reminder: Notify food service of non-participation.
Plan Administration of Student Medication and First Aid Needs (if necessary)
Guide: Contact School Nurse.
Develop and Communicate Action Plan if Student Gets Lost on Trip
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
Example: Supervision duties, no smoking, no alcohol
☑ Planned Itinerary
TIME LOCATION LOCATION
6/8/10/5-6/9/10/5a Camp Miller Student Stungen lake
Maintain Student Roster and Check-in/Check-out Procedure
Arrangement for Safety Needs (i.e. crossing guards)
Signature of Contact Person: Lowel Lyndey
VA) Vocs a vocal
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
Note: Attach tentative planned itinerary.
Arrange Funding of Expenses During Trip
Arrange Meal Plans
Arrange Lodging Plans and Room Assignments
Collect Family Emergency Information for Students
Example: Home phone numbers, emergency contacts, medical information
Additional Information
Note: Provide any additional information.
La colsida das
Signature of Contact Person: