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.

Extended Trips Within Minnesota, the Continental United States, or a Foreign Country - Trips that involve one or more overnight stops within Minnesota, the Continental United States, or a Foreign Country (externally sponsored) and may be instructional or supplementary and are voluntary in nature. Extended field trips require school board approval prior to the trip.

Principal: Name: Name: Cau hospital					
Principal:	Approved	Name: Munise Clubball			
	□ Not Approved	Date:			
SUPPLEMENTAL TRIP ACTION					
Principal:	☐ Approved	Name:			
	□ Not Approved	Date:			
Instructional/Supplemental Trips need not be sent to District office.					
EXTENDED/EXTERNALLY SPONSORED TRIP ACTION					
Principal:	Recommended	Name (lines (Lauxens)			
•	☐ Not Recommended	Date: 366/10			
Assistant Superintendent:	☐ Recommended	Name:			
	□ Not Recommended	Date:			
School Board:	☐ Approved	Name:			
School Board.	• •				
	□ Not Approved	Date:			
All extended trip proposals must be sent to the Assistant Superintendent's Office to be placed on the Education Committee meeting agenda for approval.					

FIELD TRIP REQUEST FORM

Jat	e of Submission:	
Гур	e of Trip: Instructional Supplementary Extended Externall	y Sponsored*
١.	Organization/Grade/Course Planning Trip: Grade 7 - Geograf	1h v
		
2.	Contact Person (Responsible for Checklist Completion): Bruce Halm	
3.	Field Trip Date(s): 5-28 765 99/21/10 Destination: Thunder 1394 Ca	rada_
4.	Field Trip Overview (Include events, establishments and locations): 5 re a Hajched	Schedre
5.	Field Trip Departure from School (Date and Time): 5-26-10 6-36 AM	
•	Field Trip Return to School (Date and Time): 5-29-10 2200 RM.	
	Objectives of Field Trip: View CulTure of Neighbar	Y : N :
3.		7.1
	Contry, exchange rates history of	andino
	Tour of University - University Stay	
	Relationship to Curriculum or Student Learning: F, 157 College ex Pen	ricke
	For all, Cultural differences.	-
3.	Planned Follow-up Field Trip Activities: Orally review Trip	expenses
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	Field Trip Budget Request Estimated Expenses	
	Field Trip Budget Request Estimated Expenses Total Admission/Fees	\$
	Field Trip Budget Request Estimated Expenses Total Admission/Fees Total Meals	\$ \$
	Field Trip Budget Request Estimated Expenses Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s)	\$ \$ \$
	Field Trip Budget Request Estimated Expenses Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) Commercial Transportation Carrier ~ Name:	\$ \$ \$
	Field Trip Budget Request Estimated Expenses Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s)	\$ \$ \$
	Field Trip Budget Request Estimated Expenses Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) Commercial Transportation Carrier ~ Name: Private Vehicle (requires certificate of insurance) ~ Name:	\$ \$ \$ \$
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	Field Trip Budget Request Estimated Expenses Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) Commercial Transportation Carrier ~ Name: Private Vehicle (requires certificate of insurance) ~ Name: Total Additional Stipends: Other:	\$ \$ \$ \$ - - - \$
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*The Assistant Superintendent's office must receive a signed waiver form for each student participating in an externally sponsored trip prior to the departure date.

RETURN COMPLETED REQUEST TO BUILDING PRINCIPAL

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

		ident Discipline Expectations and Fee Structure Letter Sent to Parents/Guardians ssion for Student Participation in Field Trip (Include request for special information - i.e. allergies,
	Gain Access to Cell Phone for	Field Trip
	Plan Arrangements for Early Pi	ck-Up or Late Drop-Off Students (if necessary).
		nessage on school voice mail to help with late drop off.
	Plan Meal Arrangements (if new Reminder: Notify food service	
		Medication and First Aid Needs (if necessary)
	Guide: Contact School Nurse.	institution and the tribute (it is seeded by)
	Develop and Communicate Act	tion Plan if Student Gets Lost on Trip
	Arrange Adult Chaperones for	
	Guide: One (1) adult for every appropriate.	twenty (20) students depending on field trip. Parent volunteers are encouraged when possible o
		acher and Adult Chaperone Expectations
	Example: Supervision duties,	
	Planned Itinerary	
	TIME	LOCATION
S	Maintain Student Roster and C	heck-in/Check-out Procedure
	Arrangement for Safety Needs	(i.e. crossing guards)
Cian	nature of Contact Person:	3 9/1/1/2
Sign	lature of Contact Person	one of the
		UEST CHECKLIST – Extended/Externally Sponsored Trip Only FIONS: Please complete checklist and attach all appropriate materials.
	Note: Attach tentative planned	
	Arrange Funding of Expenses	During Trip
	Arrange Meal Plans	om Accianments
	Arrange Lodging Plans and Ro Collect Family Emergency Info	
		ers, emergency contacts, medical information
B	Additional Information	
	Note: Provide any additional in	nformation.
Sign	Note: Provide any additional in ature of Contact Person.	w 11/16h

Thunder Bay

The total cost of the trip is \$190.00. You must pay \$50.00 down to sign up your student. Please make checks payable to Morgan Park School. The remaining \$140.00 is due by April 15, 2010. If, for any reason, your student can't go the money will be refunded. I will take no more than 80 students.

Students must be passing all their classes to be eligible. They must have no more that 4 behavior incidents such as referrals, bus reports, in school suspensions, etc. They must have regular school attendance. I will reserve the right to make those final decisions on those in discussion with the principal.

If you have any more questions please contact me at school at 626-4512 ext 110.

Bruce Holm

HEALTH REQUIREMENTS





- 1. Each student must have a completed a health form for emergency contact information.
- 2. Health forms should be returned by Monday, May 17, 2010.
- 3. Medications requirements for taking medications during this overnight fieldtrip:
 - Asthma INHALERS & over-the-counter non-aspirin PAIN medications: DO NOT require an MD signature (Tylenol, Acetaminophen, Advil, Motrin, Ibuprofen)...but do require Parent Signature on the attached form. Your signature gives your permission for your student to self-carry & self-administer any INHALER or NON-ASPIRIN pain medication needed on this trip. You can send this medication with your student on the departure day. DO NOT SEND MEDICATIONS IN PLASTIC BAGGIES; MEDICATION MUST BE IN THE PHARMACY OR ORIGINAL PURCHASED CONTAINER.

(Travel size containers of pain medication work well.)

- OTHER PRESCRIPTION MEDICATIONS & any other over-the-counter medications (i.e. Sudafed, Claritin, Allegra) REQUIRE an MD SIGNATURE and Parent Signature on the attached form. MEDICATION MUST BE IN THE PHARMACY CONTAINER OR ORIGINAL PURCHASED CONTAINER. Please Bring/Send Medications to the school health office prior to departure day...this greatly helps the pre-planning process.
- If your student currently receives medication in school call the school nurse's office @626-4512 ext. 127 to discuss what is needed.
- IF YOU ARE A PARENT GOING ON THIS TRIP WITH YOUR STUDENT: NO MD signature is required, as you will be responsible for administering all needed medications to your student.
- 4. Questions or Concerns? Contact Camille Murphy RN, Licensed School Nurse - Morgan Park Middle School 626-4512 ext. 127

2010

Dear Parents:

This signed permission slip will allow your student to travel to Thunder Bay, Ontario, Canada. The trip will take place from May 26 to 28.

I understand that if any injury occurs to my student during the filed trip for which the district is not at fault, the district insurance provides no coverage for the medical expense. A student's family insurance coverage must, then, provide coverage for medical expenses.

Student Name

Parent Signature

Daytime Phone

Daytime Phone

Alternative Emergency Phone _____

Cell Phone (if any)