

Buffalo-Hanover-Montrose Public Schools
Optional Field Trip/Overnight or Out-of-State Trip Form

School BHS Group Making Request Buffalo FFA
Principal Merk Mische Person in Charge Gary Wirkus/Jacob Wilts

- 1. Destination: UW - River Falls
- 2. Dates of Trip: 10/13/2023 Number of School Days Missed: ①
- 3. Number of Students: Male 2 Female 2
- 4. Grade Levels Included: 9-12
- 5. Supervision requirements: one adult for every 12 students. Same gender chaperone must be included for each gender participating.
 - a. Staff Accompanying: Gary Wirkus
 - b. Other Adults Accompanying: _____

7. Describe the purpose and objectives of the trip: horse
The Region 4 FFA judging contest
will be hosted at the UW - River Falls
college campus because the U of M
has decided not to have a contest.

- 8. Cost Factors:
 - a. Trip funded by:
 - 1. School Account Ag Budget
 - 2. Individual student
 - b. Cost per person 0
 - c. What provision has been made for students with financial difficulties? Fund raising activities conducted?
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d. What efforts have been made to acquire the most cost effective price?

1. Faculty members may not receive any salary remuneration relating to field trips from outside agencies or arrange trips for financial gain. Is a portion of the funds provided by students paying for or reducing chaperone costs? YES NO

2. Insurance Issues

- a. Will students need additional medical insurance coverage? YES NO
- b. Is group tour insurance being purchase? If so, what is the coverage and cost?

9. Transportation Information: How will students be transported?

- a. Bus _____ Name of Company _____
- b. Plane _____ Name of Airline _____
- c. School District van/s X _____
- d. School District not responsible for transportation _____
- e. Other – explain _____

10. Communication - Please attach a copy of the trip itinerary. Include parental and student input in the planning process and all parent meetings conducted to ensure full disclosure of the trip and associated topics to include but not limited to: purpose of the trip, cost (to include spending money), fund raising, adult chaperones, emergency telephone numbers, medical insurance needs, procedure for sending a student home in case of an emergency (medical, disciplinary, etc.) and itinerary.

Person in Charge Signature [Signature] Date 6-9-2023

Activities Director Signature [Signature] Date 6/13/23

Superintendent Signature _____ Date _____