





South Washington County Schools  
Cottage Grove, MN

**610 EXTENDED FIELD TRIP FORM**

Staff Member(s) Responsible (Name and phone): Nyssa Johnson 612-840-3330

School and Program: Woodbury High School - Competition Cheer

Date of Requested Trip: 7/15/21 - 7/18/21

1. What group is taking this trip? Competition cheer  
Estimated # of Students 12 Adult Supervisors 2
  
2. Destination: University of St. Thomas  
Date/Time of Departure: 7/15/21  
Date/Time of Return: 7/18/21
  
3. State purpose and educational value of trip (attach information to form if needed).  
Cheerleading camp
  
4. Name the manner of travel and the carrier.  
Parent transportation
  
5. State housing arrangements (must include name, address and phone number of hotel).  
Dorm rooms on campus 2115 Summit Ave.  
St. Paul, MN. 55105
  
6. Describe parental involvement in planning – including who, what, where, when and how.  
none. Drop-off/pick-up of students
  
7. List participants (reminder to have participants complete parent/guardian permission form).

8. Describe the manner of selecting participants.

Tryouts

9. Indicate who will be in charge of supervising the trip.

myself and my assistant coach

10. State the safety precautions and procedures for emergencies while on the trip.

Safety forms collected from families with  
Emergency Procedures.

11. Give budget costs, how trip will be funded and estimated cost per student.

Parents. \$395/athlete

12. State evaluation procedures.

13. List any proposed precautions, special needs, special concerns, student concerns, - if applicable.

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Signature of Staff Member Responsible: [Signature]

Date field trip request was submitted to Principal: Jodi Tucker Luby 6-5-21

Principal/Administrator Signature and Date: Jodi Tucker Luby 6-11-21

Approved: X Not Approved: \_\_\_\_\_

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Assistant Superintendent Signature and Date: 6/16/21

Approved: [Signature] Not Approved: \_\_\_\_\_

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School Board Review Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_



610 EXTENDED FIELD TRIP FORM

Pat malick: 651-425-5486

Staff Member(s) Responsible (Name and phone): WHS Girls Soccer Coaching Staff

School and Program: WHS Girls Soccer Program

Date of Requested Trip: 8/27/21 - 8/28/21

1. What group is taking this trip? WHS Girls Varsity and JV Soccer Team  
Estimated # of Students 40 Adult Supervisors 6

2. Destination: Duluth MN

Date/Time of Departure: 8/27/21 9:00 AM

Date/Time of Return: 8/28/21 6:00 PM

3. State purpose and educational value of trip (attach information to form if needed).  
Team bonding as well as play to non-Conference Soccer games.

4. Name the manner of travel and the carrier.  
Coach Bus rented by WHS Girls Soccer Booster Club

5. State proposed housing arrangements.  
Stay in a hotel in the Duluth area Fairfield Inn Suite  
Duluth waterfront  
1000 Minnesota Ave. Duluth, MN  
55082

6. Describe parental involvement in planning - including who, what, where, when and how.  
WHS Girls Soccer booster club will be organizing and renting: bus, hotel, food.

7. List participants (reminder to have participants complete parent/guardian permission form).  
All WHS Girls Soccer players that make the Varsity or JV team during tryouts.

8. Describe the manner of selecting participants.  
Soccer tryouts

9. Indicate who will be in charge of supervising the trip.

WHS Girls Soccer coaches.

Parents in the Booster Club.

10. State the safety precautions and procedures for emergencies while on the trip.

Will have permission slip with emergency contact information

11. Give budget costs, how trip will be funded and estimated cost per student.

Students will pay for hotel and part of the transportation - Booster club will help finance.

\* Scholarships available from WHS Girls Soccer Booster Club.

12. State evaluation procedures.

Discussion with parents and players.

13. List any proposed precautions, special needs, special concerns, student concerns, - if applicable.

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Signature of Staff Member Responsible: Pam Ludo

Date field trip request was submitted to Principal: 5/25/21

Principal/Administrator Signature and Date: Jodi Lockhart

Approved:  Not Approved:

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Assistant Superintendent Signature and Date: Krist Spar

Approved: 6/16/21  Not Approved:

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School Board Review Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_



South Washington County Schools  
Cottage Grove, MN

**610 EXTENDED FIELD TRIP FORM**

Staff Member(s) Responsible (Name and phone): Gary Bystedt 651-955-8081

School and Program: Woodbury High School Girls Tennis

Date of Requested Trip: August 27-28, 2021

1. What group is taking this trip? WHS Varsity Girls Tennis Team  
Estimated # of Students 12-14 Adult Supervisors 3-4

2. Destination: Brainerd Minnesota

Date/Time of Departure: 8/27/21 3pm

Date/Time of Return: 8/28/21 7pm

3. State purpose and educational value of trip (attach information to form if needed). This is a trip that will be used for team bonding and competitive tennis.

4. Name the manner of travel and the carrier. Parents will be driving.

5. State proposed housing arrangements. Motel. Days Inn : Suites  
14666 Dellwood Drive  
Baxter, MN. 56425-9743

6. Describe parental involvement in planning – including who, what, where, when and how. The Booster Club will be involved with the planning along with me.

7. List participants (reminder to have participants complete parent/guardian permission form).  
Girls Varsity Tennis Team.

8. Describe the manner of selecting participants. Varsity Girls Tennis Team.

9. Indicate who will be in charge of supervising the trip. Coach Bystedt.

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10. State the safety precautions and procedures for emergencies while on the trip. We will follow standard safety procedures as well as COVID procedures at that time.

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11. Give budget costs, how trip will be funded and estimated cost per student. The cost for each student will be \$30-\$40.

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12. State evaluation procedures. I will have an evaluation survey to be filled out by each student.

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13. List any proposed precautions, special needs, special concerns, student concerns, - if applicable.

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Signature of Staff Member Responsible: Gary Bystedt

Date field trip request was submitted to Principal: 6-2-21

Principal/Administrator Signature and Date: Jodi Laublin 6-11-21

Approved: X Not Approved: \_\_\_\_\_

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Assistant Superintendent Signature and Date: Krist Schaefer 6/16/21

Approved: ✓ Not Approved: \_\_\_\_\_

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School Board Review Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_