

RED HOOK CENTRAL SCHOOL DISTRICT

International Field Trips

Information requirements for preliminary approval
(received at least eight months prior to the trip)

Name of employee(s) requesting Board acknowledgement of trip.

Who is the coordinator?

Please attach information about sponsoring club, agency, and/or umbrella organization (e.g., World Challenge, EF, etc.).

Please attach a written statement regarding educational value of this proposed trip and strength of connection to curriculum.

Date(s) of the proposed trip. _____

Does the trip occur during regularly scheduled classes? _____

Estimated number and ages of students involved: Number: _____ Ages: _____

What is the greatest number of students who will be eligible? _____

What is the minimum number of students required for the trip to proceed? _____

Number of employees involved. _____

Please attach a statement regarding building level implications (e.g., missed classes for students and employees, substitutes needed, ect.).

Please attach a written statement on the funding mechanism(s).

Please attach an overview of itinerary (including transportation arrangements).

**Provide a copy of all documents and communications, past and future, to building principal.*

Required Signatures

Building Principal _____

Assistant to the Superintendent for Curriculum and Instruction _____

Director of Facilities _____

Superintendent of Schools _____

** To be placed on Board of Education agenda for preliminary acknowledgment.*

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Information requirements for Board of Education approval (at least 4 months prior to the date of departure) *Coordinator shall be present at Board of Education meeting prepared to answer questions about the trip.*

Safety Information

Please provide primary contact information (phone numbers, email addresses, etc.)

**international contact numbers required two weeks prior to departure.*

Please provide secondary contact information (phone numbers, email addresses, etc.)

**international contact numbers required prior to departure.*

Please provide the names of all students involved.

Please provide any medical alerts for students involved.

Please provide that names of employees involved.

Please provide any medical alerts for employees involved.

Please provide the names of additional chaperones.

Please provide any medical alters for additional chaperones.

Is oversees medical insurance available for purchase from the tour company? _____

If yes, please provide a written statement indicating how those involved have been made aware of this option.

Student to Chaperone Ratio (must be at least 8-1) *minimum of 2 chaperones required*

**Chaperones must travel to and from designation with students.*

Please provide a detailed written itinerary.

**If group is divided, please provide specific information on living arrangements.*

Please provide a written emergency plan in the event of an individual illness or other action that necessitates the return of an individual or an extended separation from the group.

Please provide a written emergency plan for the group to shelter in place for an extended period of time.

Please provide a written emergency plan for group returning early.

Please provide the names and the numbers of area medical facilities.

Please provide information on the required documentation for travel to the location(s).

Are there any US State Department warnings? _____ If so, what are they? _____

**Secure and carry the address and contact numbers for American Embassy in country(s) of travel.*

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Orientation

All students and adult chaperones must attend an orientation.

Date of student orientation: _____

Date of adult orientation: _____

How have students been made aware of expectation that they act in accordance with the Red Hook Central School District Code of Conduct?

**Please provide signed acknowledgment.*

How have adults been made aware of expectations regarding their behavior?

Are all adult chaperones fingerprinted? _____
If no, what assurances do you have with regard to the adults? _____

Please provide a written assurance that all involved with the trip have been made aware that the trip is subject to cancellation by the Superintendent of Schools should conditions warrant the cancellation.

**Include an assurance that all involved been made aware of the possibility of financial loss as a result of a last minute cancellation and this loss is not the responsibility of the district.*

Please attach a copy if the tour company's cancellation policy.

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Finance

Please attach a detailed description of how the trip is funded.

**Provide information regarding provision for students who are unable to afford*

**Provide information regarding adult expenses.*

**Provide estimated expenses for activities*

Is there an expense to the District (including any salary)? _____

If yes, please provide written detail. _____

Please provide proof of insurance coverage (if applicable/available).

Required signatures

Business Official _____

Assistant to the Superintendent for Curriculum and Instruction _____

Director of Facilities _____

Superintendent of Schools _____

The coordinator is required to attend a Board of Education meeting and make a brief presentation.

Final Review (within two weeks of departure with the Superintendent of Schools or his/her designee)

Superintendent of Schools Signature _____

Feedback (to be completed upon return)

Please provide a written summary of the trip to the Superintendent of Schools within one month of return.

It is an expectation that trip coordinators make a presentation to the Board of Education at a regularly scheduled meeting within two months of return.