

Thompson School District R2-J Overnight Activity Trip Request

School _____ Group(s)/Class Involved _____

Number of students (girls) _____ (boys) _____ Total _____ In-State _____ Out-of-State _____

How are students selected? _____

Destination _____ Mode of transportation to/from/at destination _____

When traveling to metropolitan or mountain areas, use of district vehicle or commercial/charter vehicle is required. These vehicles include, but are not limited to district cars, suburban or activity buses.

Type of Lodging/Accommodations _____

(AirBnB/VRBOs are not permitted for student accommodations.)

Departure date _____ Return date _____

Will students miss days of school? Yes _____ No _____ If yes, dates absent _____

Brief description of objectives and expected outcomes of activity:

Describe Funding Sources/Amounts

Total Cost of Trip:\$ _____ Budget Code: _____

Out of pocket student tuition, if any:\$ _____

How are indigent students provided an opportunity to participate? _____

Have sponsors visited the site or conducted the activity before? _____

Who: _____

Have sponsors reviewed Board policy and regulation IJOA/IJOA-R? _____ Date of Review _____

Have sponsors reviewed the Overnight Best Practices Document? _____ Date of Review _____

Have you notified the school nurse or health office aide to discuss the provision of nursing services for this trip: _____

Will you notify the school health office at least two weeks prior to the trip to assure that Health Care Plans and Emergency Care Plans can be developed for students with health care needs? _____

When did you review the discipline history of each student who will be involved in the trip: _____

Date: _____

Have any of the students who are involved had any conflict? If so, please describe below, including a description of what action was taken to ensure the behavior would not continue and what safety planning is required for the trip?:

Only teachers or other school staff members or coaches may be included as approved sponsors. A list of names of district participants(student, teachers and other staff members) must be turned in with this approval request. The recommended teacher/staff sponsor to student ratio is 1:10.

Number of teacher sponsors _____, expenses to be included with students.

Number of teacher sponsors _____, expenses to be paid individually.

Number of other staff _____, expenses to be included with students.

Number of other staff _____, expenses to be paid individually.

Number of parent chaperones via Form (to be identified) _____, expenses to be paid individually.

Per policy, chaperones will bear the entire cost of their expenses and must be registered with the VITAL office as a volunteer.

Whenever Thompson School District students are engaged in overnight travel, parents or guardians must attend a mandatory informational meeting. The exception is when a student or team is participating in a competitive post season activity.

(Check as many as applicable)

___ This activity is an outgrowth of curriculum or co-curriculum (See IGD-R, Guidelines for Conducting Student Activities).

___ This activity is non-discriminatory.

___ This activity, or similar trip, is not available within the state.

___ This activity is a national event and participants are members of state-charters.

___ Participation in this activity has been earned through exceptional performance or by exclusive invitation based on merit.

Per policy IJOA: "District sponsored Out of country trips will not be permitted by the Board of Education.

Sponsor/Coach Signature

Sponsor/Coach (Print name)

Principal/Date

Athletic Director/Assistant Principal/Date

District Athletics/Activities/Date

Benefits & Risk Mngt/Date

Health Services /Date