

ADMINISTRATIVE REPORT

DATE: June 26, 2025
TOPIC: 5.12 – Extended Field Trips
PRESENTER: Dr. Tyrone Brookins, Kelly Jansen & Kristine Schaefer
REFERENCE TO POLICY/STATUTE: 610

A. PURPOSE OF REPORT

- September 5-6, 2025 – Woodbury High School Cross Country
 - 50 students and 3 adult supervisors will travel to Sioux Falls, South Dakota
 - Travel –Jefferson bus Lines
 - Students will stay at the Quality Inn and Suites
 - Cross Country Meet
 - Supervisor, Geoff Stevens, Jeff Burkart & Emily Firchu

B. RECOMMENDATION

- Approval

C. CONNECTION TO STRATEGIC PRIORITY

- Student Experience





South Washington County Schools
Cottage Grove, MN

610 EXTENDED FIELD TRIP FORM

Staff Member(s) Responsible (Name and phone): Geoff Stevens 651-425-5473 _____

School and Program: Woodbury High School Cross Country

Date of Requested Trip: 9/5/202~~4~~⁵ - 9/6/202~~4~~⁵ _____

1. What group is taking this trip? Cross Country

Estimated # of Students 50 Adult Supervisors Geoff Stevens, Jeff Burkart, Emily Firchu,
Parent volunteers

2. Destination: Sioux Falls South Dakota

Date/Time of Departure: 9/5/202~~4~~⁵ 10:00am _____

Date/Time of Return: 9/6/202~~4~~⁵ 2:00pm _____

3. State purpose and educational value of trip (attach information to form if needed).
Cross Country meet/Team Bonding

4. Name the manner of travel and the carrier.
Charter Bus
Jefferson Bus Lines

5. State proposed housing arrangements.

Quality Inn and Suites
5410 N Granite Lane
Sioux Falls, SD 57107

6. Describe parental involvement in planning – including who, what, where, when and how.
Molly Peitruszewski Booster Club President and other parent volunteers
The booster club will be paying for some of the cost of the trip (food, drinks, etc)

7. List participants (reminder to have participants complete parent/guardian permission form).
Cross Country Team

8. Describe the manner of selecting participants.
Cross Country athletes
9. Indicate who will be in charge of supervising the trip.
Geoff Stevens
10. State the safety precautions and procedures for emergencies while on the trip.
We will have student health forms and emergency contact information
11. Give budget costs, how the trip will be funded and estimated cost per student.
Students and booster club will cover costs
Booster club and a fee for the students to cover the hotel rooms
12. State evaluation procedures.
13. List any proposed precautions, special needs, special concerns, student concerns, - if applicable.

Signature of Staff Member Responsible: [Signature]

Date field trip request was submitted to Principal: ~~4/24/25~~ 4/24/25

Principal/Administrator Signature and Date: Jodi Loken 5-14-25

Approved: X Not Approved: _____

Assistant Superintendent Signature and Date: Kristen 5/19/25

Approved: ✓ Not Approved: _____

School Board Review Date: _____

Approved: _____ Not Approved: _____