

INDEPENDENT SCHOOL DISTRICT 199
EXTENDED / INSTRUCTIONAL / SUPPLEMENTARY FIELD TRIP PROPOSAL

Teacher(s) Submitting Proposal _____

Date Submitted _____

OBJECTIVE/PURPOSE OF THE FIELD TRIP _____

Consideration has been given to the financial ability for all students to participate in this field trip ___ Yes ___ No

1. Classification According to Policy 610: EXTENDED ___ INSTRUCTIONAL ___ SUPPLEMENTAL ___

2. Dates of Proposed Field Trip: _____

3. Destination: _____

4. Number of Students Participating: _____ Parent Permission Slips Required: Yes _____ No _____

5. Number of Supervisors Needed (Ratio of Adults to Students to be Approved by School Principal):
Staff Certified _____ Adults (Over 21) _____

6. Will Students be Graded on the Field Trip: Yes _____ No _____

7. Type of Transportation Needed: Bus _____ Van _____ Other _____

8. Cost, including food, to make this trip:

Room \$ _____ / per student	Room \$ _____ Total
Food \$ _____ / per student	Food \$ _____ Total
Transportation \$ _____ Total	Other \$ _____ Total

Grand Total \$ _____

9. Funds Provided By:

- A. Fundraising per Student..... \$ _____
- B. Funds Provided by District per Student..... \$ _____
- C. Funds Out of Students' Pocket..... \$ _____
- D. Funds Provided by Boosters/Clubs/Associations per Student..... \$ _____

10. If Overnight Trip, has the Rules/Regulations Form for Overnight Trips been turned in to the Activities Director or Principal? Yes _____ No _____

(Chaperones on all overnight trips must have appropriate background checks.
Contact the Human Resources Department at the District Office at 651-306-7823.)

APPROVAL/DISAPPROVAL (by initials)

BUILDING PRINCIPAL: Approve _____ Disapprove _____ Date _____
Comments _____

SUPERINTENDENT: Approve _____ Disapprove _____ Date _____
(Extended Field Trips Only)
Comments _____

SCHOOL BOARD ACTION: Approve _____ Disapprove _____ Date _____
(Extended Field Trips Only)

OVERNIGHT TRIPS

PLACE: _____
DATE(S): _____

Rules and Expectations of the Students on the Trip

1. All District 199 Rules are in effect.
2. For athletic trips, all MSHSL Rules are in effect.
3. Time students must be on team's floor of the motel: _____
4. Time students must be in their own rooms: _____
5. Times for LIGHTS OUT: _____
6. NO boys in girls or girls in boy's rooms at any time for any reason!
7. Are movies allowable? _____
If yes, please explain criteria for movies:

8. Phone Usage Rules

Are outside calls allowable? _____
If yes, until what time? _____
Reasonable phone call criteria? _____

Are phone calls to other rooms allowable? _____
If yes, until what time? _____
Reasonable phone call criteria? _____

9. Room Cost Responsibilities

Room cost: _____
Other costs incurred during stay: _____
Charges related to damages: _____

10. Visitor Rules

Are visitors allowed: _____

If yes, please explain. (Family members, friends, etc.)

Rules and Expectations for Chaperones

1. Motel Rooms

Who will be responsible for checking rooms prior to occupancy and communicating with motel management for any problems:

Who will be responsible to collecting keys from desk so room checks can be made?

Who will be making the random room checks after bed check?

Who will be responsible for checking rooms before check out and communicating motel management for any problems:

Who will be responsible for checking with motel management to see if there were any problems with our students?

2. Student Supervision

How many students are anticipated to attend? _____

Name(s) of chaperone:

Itinerary

Departure

Destination: _____

Approximate distance: _____

Meeting location for departure: _____

Mode of transportation: _____

Time of departure: _____

Estimated time of arrival: _____

Number of rests stops anticipated: _____

Rest stop location(s): _____

Date and time to event: _____

Time of return to motel: _____

Date and time to event: _____

Time of return to motel: _____

Date and time to event: _____

Time of return to motel: _____

Return

Destination: _____

Approximate distance: _____

Meeting location for departure: _____

Mode of transportation: _____

Time of departure: _____

Estimated time of arrival: _____

Number of rests stops anticipated: _____

Rest stop location(s): _____

Provisions for Discipline or Return of Students

Example: Any School violations and illegal acts will result in an immediate phone call home and you will be put on the next bus home at your own expense. Anyone of the opposite sex caught in your room, and you will be sent home immediately. This rule applies all members or non-members of our team, including parents. Room checks will occur on a random basis throughout the day and after curfew. If people are not where they belong, after curfew, consequences will occur. (i.e., loss of playing time, sent home, etc.)

Miscellaneous:

Who will be making reservations?	
What were reservations confirmed with?	
How many rooms were reserved?	
Was a room reserved for the bus driver?	
How much money should students be expected to bring	

_____SCHOOL
Parents' Trip Consent Form

NAME _____	_____
ACTIVITY _____	DATE _____
DESTINATION _____	PURPOSE _____
TIME OF DEPARTURE _____	DATE OF DEPARTURE _____
APPROX. TIME OF RETURN _____	PLACE OF RETURN _____
MEANS OF TRANSPORTATION _____	COST OF STUDENT _____
ADVISOR OF ACTIVITY _____	

I hereby grant permission for _____ to make the trip explained above.
(Student's Name)

In doing so, I agree that the school will not be held responsible for any accidents which might occur.

Signed: _____
(Parent or Guardian)
Address _____
Telephone _____
Date _____

_____SCHOOL
Parents' Trip Consent Form

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ACTIVITY _____	DATE _____
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Signed: _____
(Parent or Guardian)
Address _____
Telephone _____
Date _____

ACADEMIC FIELD TRIP REQUEST

Date of Field Trip _____	Date of Request _____
Departure Time _____	Teacher in Charge _____
Assigned Loading Area _____	Time of Return Pickup _____
Teacher in Charge _____	Destination _____
Other Chaperones _____	Substitute Teacher Needs (Arrange with Principal) _____
Title of Class _____	Class Periods 1 2 3 4 5 6 7
_____ Involved	
Number of Pupils _____	
Pre-Excused make-up slips submitted to office by _____	
(Teacher)	(Time)

LIST STUDENTS ALPHABETICALLY BY GRADE

[illegible]

SEND COPIES TO: DISTRICT OFFICE/BUILDING PRINCIPAL/ACTIVITIES DIRECTOR/STAFF APPLICANT