



**INDEPENDENT SCHOOL DISTRICT 199  
FIELD TRIP PROPOSAL FORM**

FORM:	610F
ADOPTED:	10/09/06
REVISED:	05/18/20

**EXTENDED / INSTRUCTIONAL / SUPPLEMENTARY**

\_\_\_\_\_  
Staff Submitting Proposal

\_\_\_\_\_  
Date Submitted

<b>OBJECTIVE/PURPOSE OF THE FIELD TRIP:</b>	
Consideration has been given to the financial ability for all students to participate in this field trip <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Classification According to Policy 610: <input type="checkbox"/> EXTENDED <input type="checkbox"/> INSTRUCTIONAL <input type="checkbox"/> SUPPLEMENTAL	
2. Dates of Proposed Field Trip:	
3. Destination:	
4. Number of Students Participating:	Parent Permission Slips Required: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Type of Transportation Needed: <input type="checkbox"/> Bus <input type="checkbox"/> Van <input type="checkbox"/> Other	
8. Cost, including food, to make this trip: Room \$_____/per student      Room \$____ Total Food \$_____/per student      Food \$____ Total Other \$____ Total Transportation \$____ Total  <b>Grand Total \$_____</b>	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><i>Chaperones on all overnight trips must have appropriate background checks. Contact the Human Resources Department at the District Office at 651-306-7823.</i></b>	
<b>APPROVAL / DISAPPROVAL</b>	
<b>Building Principal</b> <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	<b>Signature:</b> _____ <b>Date:</b> _____
<b>Superintendent</b> <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	<b>Signature:</b> _____ <b>Date:</b> _____
<b>School Board Action</b> <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	<b>Signature:</b> _____ <b>Date:</b> _____

## 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: \_\_\_\_\_  
Overnight Trips
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 for collecting keys from the front 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Trip 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 to 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 \_\_\_\_\_

**TRIP CONSENT FORM**

STUDENTS NAME	SCHOOL
ACTIVITY/TRIP	PURPOSE
DESTINATION	ADVISOR OF ACTIVITY
DATE OF DEPARTURE	DATE OF RETURN
MEANS OF TRANSPORTATION	COST PER STUDENT

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 by: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent or Guardian)*

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

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Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent or Guardian)*

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

**ACADEMIC FIELD TRIP REQUEST**

<b>Date of Request:</b>	
<b>Date of Field Trip:</b>	
<b>Destination:</b>	
<b>Staff in Charge:</b>	
<b>Other Chaperones:</b>	

**ATTENDING STUDENT INFORMATION**

<b>Number of Students:</b>	
<b>Title of Class:</b>	Class Periods 1 2 3 4 5 6 7
<b>Pre-Excused make-up Slips submitted to the office by :</b>	Teacher: _____ Date: _____ Time: _____

**FIELD TRIP TRANSPORTATION**

<b>Type of Transportation:</b>	
<b>Assigned Loading Area:</b>	
<b>Departure Time:</b>	
<b>Time of Return Pickup:</b>	

**LIST STUDENT FIRST AND LAST NAMES**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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