

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 (Minimum 1 Adult/10 Students): 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 personnel 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)
Comments _____

Copies to: District Office / Building Principal / Activities Director / Staff Applicant

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: _____

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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

There needs to be at least one (1) chaperone per 10 students. How many students are anticipated to attend? _____

Name(s) of chaperone: _____

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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): _____

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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?	<hr/>
What were reservations confirmed with?	<hr/>
How many rooms were reserved?	<hr/>
Was a room reserved for the bus driver?	<hr/>
How much money should students be expected to bring	<hr/>

_____ 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

NAME _____	_____
ACTIVITY _____	DATE _____
DESTINATION _____	PURPOSE _____
TIME OF DEPARTURE _____	DATE OF DEPARTURE _____
APPROX. TIME OF RETURN _____	PLACE OF RETURN _____
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(Student's Name)

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Signed: _____

(Parent or Guardian)

Address _____

Telephone _____

Date _____

		Date of Request _____								
Date of Field Trip _____		Teacher in Charge _____								
Departure Time _____		Time of Return Pickup _____								
Assigned Loading Area _____		Destination _____								
Teacher in Charge _____		Substitute Teacher Needs (Arrange with Principal) _____								
Other Chaperones _____										
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)				

[illegible]