

Please refer to Board Policy and Procedure #2320 for field trip requirements, procedures, and expectations.

Who, when and where

School Group (class, club, team, etc.)

Event/Activity Requesting staff member

Trip destination

Date(s) of event

Departure
Date Time AM
 PM

Return
Date Time AM
 PM

Trip duration: Total days Total school days missed

Purpose of the trip

Category: Curricular Extra-curricular Interscholastic

Educational benefits of the trip (include how this trip will contribute to student achievement)

Trip itinerary, activities, and venues

Detailed itinerary

Activities planned during the trip (be specific and include all)

Related brochures/information attached? Yes No

Safety and Risk Management

Does the field trip involve any of the following?

- Swimming, boats, or in/around water
- Remote locations/hiking
- Animals
- Aircraft
- Non WIAA approved sports
- Motorized vehicles
- Outdoor education/recreation
- Heights
- Other high risk activities*

*Explain

Student Supervision (Board Procedure #2320 establishes a 1:10 ration of adults to students except for interscholastic athletic trips)

Estimated number of students Grade level(s) of students

Names of all staff members attending

Minimum number of chaperones Adult (staff + chaperones):Student ratio

Any special qualifications of chaperones needed? Yes No

List those special qualifications

Supervision plan (explain how students will be supervised at all times including during activities, free time, travel, meals, housing, etc.)

Transportation

Means of travel: School bus Other (explain)

If other District vehicles (e.g. school vans) are being used, are all drivers licensed and properly **District** trained? Yes No

Names of all drivers (not if using school buses):

Food and Shelter

How will meals be provided and paid for?

Housing needed? Yes No

If yes, what type and where?

Budget and Cost - Estimated expenses

Category	Amount	Details
Transportation		
Registration & Fees		
Parking		
Lodging		
Meals		
Substitutes		
Other		
Total		

Funding Sources (Department budgets, ASB, family, etc.)

Source	Amount	Details
Total:		

Will fund raising be needed? Yes No

*If yes, please explain fund raising plan

Estimated per student personal cost

Per chaperone cost

How will you address students that are unable to pay?

Are there any major assessments or events happening at school during the dates of the trip, (HSPE, EOC's, inservice, dance, etc.)

Additional details:

Recommendation and Approval

Date submitted Requestor's Signature _____

Local trip: Principal approves (per procedure #2320)

Date approved Principal's Signature _____

*Overnight and/or out-of-state: Superintendent and School Board approve.

Date recommended Principal's Signature _____

School Board approved (date)

**For Overnight/Out-of-State Travel Request, Approver, please continue and complete page 5. Save and send unsigned electronic form to Julie Davis. In addition, print the completed form, obtain required signatures and scan or send inter-office mail to Julie by due date.*

Approver comments and stipulations:

Post approval, final field trip checklist

- Parent/guardian permission slips returned and signed for all students
- All identified student medical issues have been addressed with the building nurse
- Permission forms travel with a staff member at all times
- All students have been excused from their other classes
- Bus transportation request form submitted and buses scheduled
- Sack lunch request submitted, if needed
- Substitute(s) requested, if needed
- All non-employee chaperones have completed WSP criminal history check
- Charter buses must be approved by the Supervisor of Transportation
- Traveling staff has exchanged emergency contact information (cell numbers) with building principal(s)

ADMINISTRATOR TO COMPLETE THIS PAGE IF THE TRAVEL WILL REQUIRE BOARD APPROVAL (Out of State or Overnight)

Subject: **STUDENT TRAVEL REQUEST** Out of State Out of District Overnight

This request is being submitted for Board approval by
(administrator's name & title)

Board Meeting Date

Briefing/Discussion Only

Action

TRAVEL SUMMARY

School _____ Group _____
is requesting to attend _____

Event/Activity

in _____
Destination

on _____
Date(s) of event

Trip duration:

Total days

Total school days missed

Requesting staff member _____

Estimated number of students _____

Purpose of the trip

Category: Curricular Extra-curricular Interscholastic

Educational benefits of the trip *(include how this trip will contribute to student achievement):*

Administrative Review

The following components of this travel request have been reviewed and approved by the appropriate administrator(s):

- | | |
|---|--|
| <input type="checkbox"/> The amount of travel time on either end of the event.
<input type="checkbox"/> The educational value of the trip.
<input type="checkbox"/> The trip itinerary and planned activities.
<input type="checkbox"/> The safety of the students and staff at all times during travel.
<input type="checkbox"/> Student supervision plan (at all times during travel including activities, free time, travel, meals, housing, etc.)
<input type="checkbox"/> Conflict with any major assessments or activities/events. | <input type="checkbox"/> Means of transportation.
<input type="checkbox"/> Housing arrangements.
<input type="checkbox"/> Budget and cost, including funding source(s).
<input type="checkbox"/> Financial impact to families, including plan for students unable to pay.
<input type="checkbox"/> Fund raising plan, if applicable. |
|---|--|

Comments:

Superintendent's Recommendation:

That the Board approves the travel request as outlined above.