

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 ratio 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** School Bus SUV # of Vans/  
Means of travel: Van Car SUV's/Cars\* Other - Explain

*\*If more than 2 Vans/SUV's/Cars, Exec. Director of Operations and/or PSE  
Transportation Classification Representative Consultation Required.*

**Date of Consultation** \_\_\_\_\_

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?

**Transmissible Illness Travel Safety Information**

Describe how students or staff who become ill during the trip will be isolated from other travelers. How will staff return home (student return home addressed below)?

Parents must be notified that they must be prepared to retrieve their student if the student becomes ill during the trip.

Have all parents been notified? Yes No  
Do staff on trip have all parent contact information: Yes No

If parent is unable to retrieve ill student, how will student return home?

**Budget and Cost** - Estimated expenses

<u>Category</u>	<u>Amount</u>	<u>Details</u>
<b>Transportation</b>		
<b>Registration &amp; Fees</b>		
<b>Parking</b>		
<b>Lodging</b>		
<b>Meals</b>		
<b>Substitutes</b>		
<b>Other</b>		
<b>Total</b>		

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

<u>Source</u>	<u>Amount</u>	<u>Details</u>
<b>Total:</b>		(This total should match the total amount listed above.)

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?

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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 the Superintendent's Office. In addition, print the completed form, obtain required signatures and scan or send inter-office mail to the Superintendent's Office 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)

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 \_\_\_\_\_

in  
on \_\_\_\_\_

Event/Activity \_\_\_\_\_

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

Comments:

**Superintendent's Recommendation:**

That the Board approves the travel request as outlined above.