

OFFICE USE:

Trip data submitted: _____ Schedule for approval at the Board Meeting on: _____



**PROPOSAL FOR OVERNIGHT, EXTENDED,
OR OUT-OF-STATE STUDENT TRIP**
2340 F5/page 1 of 4

NOTE: Overnight and/or Out-of-State trips require Board Approval.

Type of trip: _____

Proposed departure date: _____ Return date: _____

Requestor: _____ Position: _____

Response needed by: _____ Date of proposal: _____

A. PURPOSE

1. What is the major place to be visited or event to be attended?
2. How is the trip related to the educational program of the district?
3. In what ways will the students benefit?
4. In what ways will the District benefit?
5. How will the trip be evaluated to determine the extent to which these benefits were realized?

B. STUDENTS AND STAFF

1. Which students (grade, class, organization) will be going on this trip?
2. How many students in total? _____
3. How many students are currently experience academic problems? _____
4. Which staff member will be in charge? _____
5. What previous experience has the staff member had in conducting overnight, out-of-state, or extended field trips?

6. What other staff members will be going?
7. How many chaperones, in addition to staff members, will be going? _____
8. What are the additional chaperone names and affiliations with the students?
9. How many school days will be missed? _____
10. How will teachers be advised in advance that the students will be out of school?

C. ACADEMICS

1. What are the instructional objectives? Be specific - include standards, desired proficiency level, and how you will measure the standards and district curriculum that the trip meets.
2. How will the students be prepared for trip as an instructional activity?
3. During the trip, what instructional activities are planned that will enrich the experience and to determine if the objectives were met?
4. Upon return, what activities will occur to enrich the experience and to determine if the objectives were achieved?
5. How will missed work be made up?
6. What special assistance will be provided to students with academic problems?

D. ITINERARY

1. What is the destination (include the address)?
2. What will be the mode of transportation? If you are not using school transportation, please state the liability insurance that the carrier has.

3. Where will the group be housed and fed?
4. What en route or supplementary activities are planned?
5. What arrangements have been made for dealing with emergency situations?
6. What arrangements have been made for administering necessary medications to students while on this trip?
7. If tour guides are involved, what liability insurance do they carry?

E. FINANCES

1. What is the estimated total cost and the cost per student? Estimated Cost: _____
Cost per student: _____
2. What is the source of the funds?
3. How will the funds be collected and safeguarded?
4. How will any shortfall be made up or excel funds used?
5. What provisions have been made for students who are financially unable to pay any necessary costs?

F. COMMUNICATIONS

1. How will you communicate to parents prior to, during, and after the trip?
2. List telephone numbers for your destination and where the group will be housed.
3. What information will be provided to the media and the community?

PLEASE REVIEW THE FOLLOWING:

- BOE Policy 2340 and related Administrative Guidelines listed and linked in the District Field Trip Packet (see Staff Forms & Documents page) to plan, conduct, and evaluate trips.
- Upon approval of the trip, obtain parental permission (2340F2 or F2A)
- Checklist for Trips (2340 F3)

REMEMBER:

If you are using WCS Transportation, you must also complete the *TRIP DATA* section of the *WCS Transportation Request* page that follows.

Signature of the Requestor

Date

SIGNATURE OF APPROVAL:

Principal

Date

Superintendent

Date

Board of Education

Date

OFFICE USE:

Approvals: Principal Superintendent BOE: _____ Business Dir. Review: _____

WCS TRANSPORTATION REQUEST

TRIP DATA: To be completed by Teacher / Trip Leader

Teacher / Trip Leader: _____ Class: _____

Purpose of Trip: _____

Number of students: _____ Number of Staff/Chaperones: _____

Destination and address: _____

Departure Date: _____ Departure Time: _____

Return Arrival Date: _____ Return Arrival Time: _____

Is WCS Transportation needed: Yes No Is wheelchair access needed? Yes No

BUS DRIVER REPORT: To be completed by the Transportation Department

This is to certify that the above trip was made and to request payment under the Board of Education policies.

Date: _____ Bus Number: _____ Total time of trip: _____

Odometer reading at start of trip: _____ End of trip: _____

Start time: _____ Return Time: _____

Total miles traveled on this trip: _____ Total gallons of gas used: _____

Remarks: _____

Driver's Signature

Distribution:

1 copy to each of the following: Bus, Transportation Supervisor, Originator after assignment of buses.

Field Trip Number: _____