

# DAVENPORT SCHOOL DISTRICT #207

## DSD Policy 2320

### SPECIAL FIELD TRIP REQUEST FORM

Requests should be submitted to, and approved by, the building principal and the superintendent prior to the distribution of the next board meeting information packet. State laws and District policy require that overnight and/or out-of-state Special Field Trips be approved by the board of directors prior to departure.

|  |   |
|--|---|
| <b>CHECK ALL THAT APPLY</b><br><input checked="" type="checkbox"/> Overnight<br><input checked="" type="checkbox"/> WIAA – sanctioned overnight event<br><input type="checkbox"/> Out-of-State | <b>COMPLETE ALL</b><br>Date Submitted <u>February 20th, 2019</u><br># of school days affected <u>1</u> (include partial days)<br># of substitutes required: full day <u>1.5</u> ½ day <u>      </u> |
|--|---|

#### TRIP INFORMATION

Requesting staff member Tim Zeiler (Athletic Director) Title (circle one: instructor, advisor, coach, AD) Other Athletic Director  
 Class, Group or Team High School Girls Basketball # of students participating 11 Grade Levels High School  
 Destination Richland, Washington Miles Roundtrip Approx. 260 miles  
 Departure Date 2/22/19 Time 8:00 a.m. Return Date 2/24/2019 Estimated Time 6:00 p.m.  
 Education Objectives or related instructional activity of the trip Demonstrate Sportsmanship and attain goals set  
 Chaperones # of adults (over 21): Teachers: 1 Other Staff Members 3 Parents 1 Other         
 Chaperone-to-student ratios must NOT be less than specified in the DSD procedure 2320P.  
 Transportation Request: School Bus (#) X SUV or Van        Equipment trailer: Y        N X  
 Other (specify)         
 Accommodations: Name of Hotel/Facility: Red Lion Kelso, 510 Kelso Drive, Kelso, WA Phone # 360-636-4400  
 Attachments: The following information must be attached to this application or detailed on the back of this form:  
 1) Detailed itinerary including meal plans, schedules, curfew times. 2) Names of Chaperones

#### FINANCIAL PLAN

| Expenses  |                  | 1) District                             | 2) ASB      | 3) Donation/Student Contribution | Totals of 1,2,3 =  |
|---|------------------|---|-------------|----------------------------------|--------------------|
| Registration                                      |                  |   |             |                                  |                    |
| Housing   | 1500.00          | 850.00                                  | 650.00      |                                  |                    |
| Meals   | 960.00           | 600.00                                  | 360.00      |                                  | 1) 2030.00         |
| Substitutes                                       | 200.00           | 200.00                                  |             |                                  | 2) 1010.00         |
| Transportation                                    | 380.00           | 380.00                                  |             |                                  | 3)                 |
| Other   |                  |   |             |                                  |                    |
| <b>TOTAL:</b>                                     | <u>2660-3040</u> | Total: 2030                             | Total: 1010 | Total: 0                         | <b>TOTAL: 3040</b> |
| <b>TOTAL EXPENSES should equal TOTAL of 1,2,3</b> |                  |   |             |                                  |                    |
| Name of ASB Account <u>      </u>                 |                  | Total \$\$ in ASB Account <u>      </u> |             |                                  |                    |

I have read and agreed to abide by policy 2320 and procedure 2320P. I have confirmed that all chaperones have been briefed per the DSD Policy 2320 Procedure and have signed the District's Chaperone Agreement.

Signature of Staff Member Requesting Trip  Date 2/20/2019

Office Use: Cost/Mile is \$ .58 (fuel/wear/tear) for each bus \$ 380.00 for SUV or Van \$        for the equipment trailer  
 Budget Code(s)       

I have reviewed the trip plan and recommend its approval by the Board of Directors

Principal  Date 2-20-19

Superintendent        Date        Schedule for Board meeting date       

Board approved (chairman's signature)        Date