

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.

CHECK ALL THAT APPLY <input checked="" type="checkbox"/> Overnight <input checked="" type="checkbox"/> WIAA – sanctioned overnight event <input type="checkbox"/> Out-of-State	COMPLETE ALL Date Submitted <u>February 11th, 2019</u> # of school days affected <u>2</u> (include partial days) # of substitutes required: full day <u>1</u> ½ day <u> </u>
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TRIP INFORMATION Requesting staff member <u>Tim Zeiler (Athletic Director)</u> Class, Group or Team <u>High School Wrestling</u>		Title (circle one: instructor, advisor, coach, AD) Other <u>Athletic Director</u> # of students participating <u>7</u> Grade Levels <u>High School</u>	
Destination <u>Tacoma, Washington</u> Departure Date <u>2/14/19</u> Time <u>8:45 a.m.</u>		Miles Roundtrip <u>Approx. 552 miles</u> Return Date <u>2/17/2019</u> Estimated Time <u>9:00 p.m.</u>	
Education Objectives or related instructional activity of the trip <u>Demonstrate Sportsmanship and attain goals set</u>			
Chaperones # of adults (over 21): Teachers: <u>1</u> Other Staff Members <u>1</u> Parents <u> </u> Other <u> </u> Chaperone-to-student ratios must NOT be less than specified in the DSD procedure 2320P.			
Transportation Request: School Bus (#) <u> </u> SUV or Van <u>2</u> Equipment trailer: Y <u> </u> N <u> </u> Other (specify) <u> </u>			
Accommodations: Name of Hotel/Facility: <u>La Quinta Inns & Suites</u> Phone # <u>253-383-0146</u>			
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			

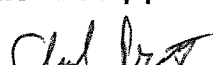
FINANCIAL PLAN					
Expenses		1) District	2) ASB	3) Donation/Student Contribution	Totals of 1,2,3 =
Registration					
Housing	2184.00	546.00	1638.00		
Meals	450.00	240.00	210.00		1) 1386.00
Substitutes	300.00	300.00			2) 1848.00
Transportation	300.00	300.00			3)
Other					
TOTAL:	2934	Total: 1386	Total: 1848	Total: 0	TOTAL: 3234
TOTAL EXPENSES should equal TOTAL of 1,2,3					
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 February 11th, 2019

Office Use: Cost/Mile is \$.55 for each bus \$ \$150 X 2 Cars 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 2-13-19

Superintendent Date Schedule for Board meeting date

Board approved (chairman's signature) Date