

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.

<p><u>CHECK ALL THAT APPLY</u></p> <p><input checked="" type="checkbox"/> Overnight</p> <p><input type="checkbox"/> WIAA-sanctioned overnight event</p> <p><input type="checkbox"/> Out-of-State</p> <p><input type="checkbox"/> I have read DSD Policy 2320 and 2320P</p>	<p><u>COMPLETE ALL</u></p> <p>Date Submitted <u>4-23-19</u></p> <p># of school days affected <u>2</u> (include partial days)</p> <p># of staff participating in trip <u>2</u></p> <p># of substitutes required: full day _____ ½ day _____</p>
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TRIP INFORMATION

Requesting staff member Heather Bacony Title (circle one: instructor, advisor, coach) Other GO-Coordinator
 Class, Group or Team _____ # of students participating 15 Grade levels 7-11

Destination Chenelahn Peaks Learning Center Miles Roundtrip 150
 Departure Date 5-16-19 Time 8am Return Date 5-17-19 Estimated Time 2:30pm

Education Objectives or related instructional activity of the trip Gear Up - 15 students will go through a mentoring program & will be peer mentors the following school year

Chaperones: # of adults (over 21): Teachers: _____ Other Staff Members 2 Parents _____ Other _____

Chaperone-to-student ratios must not be less than specified in the procedure for DSD Policy 2320.

Transportation request: School Bus (#) _____ SUV or van 2 Equipment trailer: Y or N (circle)
 Other (specify) _____

Accommodations: Name of Hotel/Facility: Chenelahn Peaks Learning Center Phone # 509-935-7400

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, and curfew times
 2. Grade level(s) of students participating
 3. Names of chaperones

FINANCIAL PLAN

Expense column must = Source column

Expenses:	Source of Funds:
Registration \$ _____	ASB \$ _____ (Total \$ in account _____)
Housing _____	CTE _____
Meals _____	Donations _____
Substitutes _____	Students _____ for _____
Transportation _____	District _____
Other _____	Other _____ specify _____
TOTAL expenses <u>\$1523.00</u>	TOTAL funds <u>\$1600.00</u>

Office Use:

The 2011 cost/mile is \$ _____ for each bus \$ _____ for SUV or van \$ _____ for the equipment trailer

Budget Code(s) _____

I have confirmed that all chaperones have been briefed per the DSD Policy 2320 Procedure and have signed the District's Chaperone Agreement. I have reviewed the trip plan and recommend its approval by the Board of Directors.

Principal Cheryl Brewitt Date 4/23/19

Superintendent [Signature] Date 4/23/19 Schedule for Board meeting date 4-29-19

Board approved (chairman's signature) _____ Date _____

3215 Flowery Trail Rd Chewelah, WA 99109

Tel: 509.935.7400 Fax: 509.935.7475



To: Heather Jacoby

Estimation of Cost for Davenport Gear-up

When: Arriving at Chewelah Peak – May 16, 2019

Departing from Chewelah Peak – May 17, 2019

Chewelah Peak Costs:

Breakfast per Person	\$7.20x1
Lunch per Person	\$6.40x2
Dinner per Person	\$7.20x1
Overnight per Person	\$13.00x1
Challenge Course per Participant (15 Students)	\$25x15
Challenge Course Base Fee	\$350
Total based on 15 Students/3 adults	\$1523.60

Notes: Add \$129.60 for a sack dinner (which I question seriously since they would be back to Davenport around 5:30 – Snack bags for \$54?)