

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

- Overnight
- WIAA – sanctioned overnight event
- Out-of-State

COMPLETE ALL

Date Submitted 3/25/2022  
 # of school days affected 1 (include partial days)  
 # of substitutes required: full day 1 ½ day     

TRIP INFORMATION

Requesting staff member Sam Roepke Title (circle one) instructor advisor, coach, AD) Other       
 Class, Group or Team      # of students participating 9 Grade Levels 12

Destination Silverwood Miles Roundtrip 160 miles  
 Departure Date 5/26 Time 8 Am Return Date 5/26 Estimated Time 5pm

Education Objectives or related instructional activity of the trip Physics day field trip to measure forces + acceleration of amusement park rides

Chaperones # of adults (over 21): Teachers: X 1 Other Staff Members      Parents      Other     

Chaperone-to-student ratios must NOT be less than specified in the DSD procedure 2320P.

Transportation Request: School Bus (#)      SUV or Van X Equipment trailer: Y      (N)  
 Other (specify)     

Accommodations: Name of Hotel/Facility:      Phone #     

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 <u>\$104</u>                         |             |        | <u>\$2 fees Student</u>          | <u>0</u>          |
| Housing   |             |        |                                  | 1)                |
| Meals   |             |        |                                  | 2)                |
| Substitutes                                       |             |        |                                  | 3)                |
| Transportation                                    |             |        |                                  |                   |
| Other   |             |        |                                  |                   |
| <b>TOTAL:</b>                                     | Total:      | Total: | Total:                           | <b>TOTAL:</b>     |
| <b>TOTAL EXPENSES should equal TOTAL of 1,2,3</b> |             |        |                                  |                   |

Name of ASB Account      Total \$\$ in ASB Account ~~5/25/2022~~

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 SRoepke Date 3/25/2022

Office Use: Cost/Mile is \$      for each bus \$      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 Chad [Signature] Date 3/25/22

Superintendent      Date      Schedule for Board meeting date     

Board approved (chairman's signature)      Date

| DATE | TIME | DETAILED TRIP ITINERARY |
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**LIST OF CHAPERONES:**

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**OTHER INFORMATION:**

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