

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>CHECK ALL THAT APPLY</p> <p><input type="checkbox"/> Overnight</p> <p><input type="checkbox"/> WIAA – sanctioned overnight event</p> <p><input checked="" type="checkbox"/> Out-of-State</p>	<p>COMPLETE ALL</p> <p>Date Submitted <u>9/16/22</u></p> <p># of school days affected <u>0</u> (include partial days)</p> <p># of substitutes required: full day <u>0</u> ½ day <u> </u></p>
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TRIP INFORMATION

Requesting staff member Todd Hargrave Title (circle one: instructor, advisor, coach, AD) Other

Class, Group or Team FFA # of students participating 204 Grade Levels 7-12

Destination Silverwood (Scarywood) Miles Roundtrip 150

Departure Date 10/6 or 10/7 Time 4pm Return Date 10/8 or 10/8 Estimated Time 1-2 Am

Education Objectives or related instructional activity of the trip Retention/Reward/Recruitment to FFA

Chaperones # of adults (over 21): Teachers: 1 Other Staff Members Parents 2 Other

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

Transportation Request: School Bus (#) 1 SUV or Van 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				
Housing				
Meals				1)
Substitutes				2)
Transportation				3)
Other				
TOTAL:	Total:	Total:	Total:	TOTAL:
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 9/16/22

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  Date 9-16-22

Superintendent Chad Bennett Date 9/16/22 Schedule for Board meeting date 9/19/22

Board approved (chairman's signature) Date

DATE	TIME	DETAILED TRIP ITINERARY
10/6 or 10/7	4pm	Leave DHS
10/6 or 10/7	6pm	Arrive Silverwood
10/7 or 10/8	11pm or Midnight or 1am	Leave Silverwood
10/7 or 10/8	1am or 2am	Arrive @ DHS.

LIST OF CHAPERONES:

OTHER INFORMATION:
