

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	COMPLETE ALL
<input checked="" type="checkbox"/> Overnight	Date Submitted <u>3/2/23</u>
<input type="checkbox"/> WIAA – sanctioned overnight event	# of school days affected <u>2</u> (include partial days)
<input type="checkbox"/> Out-of-State	# of substitutes required: full day <u>1</u> ½ day <u>1</u>

TRIP INFORMATION

Requesting staff member Jennifer Hargrave Title (circle one: instructor, advisor, coach, AD) Other _____
 Class, Group or Team Pathways # of students participating 4 Grade Levels 10-12

Destination Olympia, WA Miles Roundtrip 600
 Departure Date 3/13 Time noon Return Date 3/14 Estimated Time 9:00pm

Education Objectives or related instructional activity of the trip Lobbying in Olympia

Chaperones # of adults (over 21): Teachers: 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 1 Equipment trailer: Y _____ N X
 Other (specify) _____

Accommodations: Name of Hotel/Facility: TBD 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>Pathways</u>			
Housing	\$200			
Meals	<u>\$300</u>		<u>\$2 meals on own</u>	1)
Substitutes	<u>\$100</u>			2)
Transportation	<u>\$150</u>			3)
Other				
TOTAL:	Total: <u>\$550</u>	Total:	Total:	TOTAL: <u>\$550</u>
TOTAL EXPENSES should equal TOTAL of 1,2,3				
Name of ASB Account <u>[Signature]</u>		Total \$\$ in ASB Account _____		

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 J. Hargrave Date 3/2/2023

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 [Signature] Date 3-24-23
 Superintendent [Signature] Date 3-23-23 Schedule for Board meeting date 3/28/23
 Board approved (chairman's signature) _____ Date _____

DATE	TIME	DETAILED TRIP ITINERARY

LIST OF CHAPERONES:

OTHER INFORMATION:

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