

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>3-7-23</u></p> <p># of school days affected <u>1</u> (include partial days)</p> <p># of substitutes required: full day <input checked="" type="checkbox"/> ½ day <input type="checkbox"/></p>
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TRIP INFORMATION

Requesting staff member Ziemann Title (circle one: instructor, advisor, coach, AD) Other _____

Class, Group or Team Athletic Training # of students participating _____ Grade Levels _____

Destination University of Idaho Miles Roundtrip 232

Departure Date 4/28/23 Time 8:00 AM Return Date 4/28/23 Estimated Time 3:00 pm

Education Objectives or related instructional activity of the trip Touring University and athletic training facilities to show students college AT room & underwater treadmill

Chaperones # of adults (over 21): Teachers: _____ Other Staff Members _____ Parents _____ 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: N/A 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 _____		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 [Signature] Date 3/6/23

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 3-7-23

Superintendent Chad Bremitt Date 3-20-23 Schedule for Board meeting date 3-27-23

Board approved (chairman's signature) _____ Date _____

DATE	TIME	DETAILED TRIP ITINERARY
4/28/23	8:00 AM	Depart DHS
4/28/23	10:15 AM	Arrive @ Kibbie Dome
4/28/23	12:00 pm	Lunch on campus
4/28/23	1:45 pm	Depart Vof I
4/28/23	3 pm	arrive @ DHS

LIST OF CHAPERONES:

Noah Ziemann

Farah Slahtasky

OTHER INFORMATION:

Students going: Anastasia Brandenburg, Nicholas Breshears, Ryan Cash, Cashton Colbert, Emma Cormier, Hunter Ensor, Jayve Fudrich, Evan Gunning, Kiersten Kemmerer, Laura Ploner, Jesse Raugust, Carla Rocamora, Jason Schillinger, Samuel Schneider, Ally Slahtasky, Wyatt Telecky, Lena Waters, Nathaniel Wines + Great up sign up.