

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

Requesting staff member \_\_\_\_\_ Title (circle one: instructor, advisor, coach, AD) Other \_\_\_\_\_

Class, Group or Team \_\_\_\_\_ # of students participating \_\_\_\_\_ Grade Levels \_\_\_\_\_

Destination \_\_\_\_\_ Miles Roundtrip \_\_\_\_\_

Departure Date \_\_\_\_\_ Time \_\_\_\_\_ Return Date \_\_\_\_\_ Estimated Time \_\_\_\_\_

Education Objectives or related instructional activity of the trip \_\_\_\_\_

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 (#) \_\_\_\_\_ 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

<b>FINANCIAL PLAN</b>					
Expenses		1) District	2) ASB	3) Donation/Student Contribution	Totals of 1,2,3 =
Registration					
Housing					
Meals					1)
Substitutes					2)
Transportation					3)
Other					
<b>TOTAL:</b>		Total:	Total:	Total:	<b>TOTAL:</b>
<b>TOTAL EXPENSES should equal TOTAL of 1,2,3</b>					
<b>Name of ASB Account</b> _____			<b>Total \$\$ in ASB Account</b> _____		

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** \_\_\_\_\_

**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 \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_ Schedule for Board meeting date \_\_\_\_\_

Board approved (chairman's signature) \_\_\_\_\_ Date \_\_\_\_\_

DATE	TIME	DETAILED TRIP ITINERARY

**LIST OF CHAPERONES:**


**OTHER INFORMATION:**

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