PROPOSAL FOR OVERNIGHT/EXTENDED STUDENT TRIPS

Type of Trip __________________________________________________________

Proposed Departure Date ___________________________ Return Date __________________

Proposer ________________________________ Position __________________________

Date by which response is needed __________________ Proposal ______________________

A. Purpose

1. What is the major place to be visited or event to be attended?

2. How is the trip related to the educational program of the District?

3. In what ways, will the students benefit?

4. In what ways, will the District benefit?

5. How will the trip be evaluated to determine the extent to which these benefits were realized?

B. Students and Staff

1. Which students, (grade, class, or organization), will be going?

2. How many students in total?

3. How many students are currently experiencing academic problems?

4. Which staff member will be in charge?

5. What previous experience has the staff member had in conducting overnight or extended field trips?

6. What other staff members will be going?

7. How many chaperones, in addition to staff members, will be going?

8. What are their names and affiliations with the students?
9. How many school days will be missed?

10. How will teachers be advised in advance that the students will be out of school?

11. Who else is assisting with planning the trip?

C. School Work
   1. How will missed work be made up?

   2. What special assistance will be provided students with academic problems?

D. Itinerary
   1. What is the destination?

   2. What will be the mode of transportation? What liability insurance does the carrier have?

   3. Where will the group be housed, and fed?

   4. What enroute or supplementary activities are planned?

   5. What arrangements have been made for dealing with emergency situations?

   6. What arrangements have been made for administering necessary medications to students while on this trip?

   7. If tour guides are involved, what liability insurance do they carry?

   8. What arrangements have been made to accommodate students with special medical needs or disabilities?

E. Finances
   1. What is the estimated total cost and cost per student?

   2. What is the source of funds?

   3. How will the funds be collected and safeguarded?
4. How will any shortfall be made up or excess funds used?

5. What provision has been made for students who are financially unable to pay any necessary costs?

F. Communications
   1. How will you communicate to parents prior to, during, and after the trip?
   2. List telephone numbers at destination and where group will be housed.
   3. What information will be provided to the media and the community?

______________________________________________________
Signature of the Proposer:   Date

SIGNATURES INDICATING APPROVAL:

______________________________________________________
Principal   Date

______________________________________________________
Superintendent   Date

______________________________________________________
Board of Education President or Designee   Date