## Unified School District of De Pere Proposal for Overnight/Extended Student Trips

| Type of Trip:                                                          |                                                   |  |
|------------------------------------------------------------------------|---------------------------------------------------|--|
| Proposed Departure Date:                                               | Return Date:                                      |  |
| Proposer:                                                              | Position:                                         |  |
| Response Needed By:                                                    | Proposal Date:                                    |  |
|                                                                        |                                                   |  |
| Purpose                                                                |                                                   |  |
| What is the major place to be visited or event to be attended?         |                                                   |  |
|                                                                        |                                                   |  |
|                                                                        | wa awa wa af the a DistrictO                      |  |
| 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? |  |
|                                                                        |                                                   |  |
|                                                                        |                                                   |  |
| Students and Staff                                                     |                                                   |  |
| 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? Has approval been granted by their building principal?                    |  |
| 7.          | How many chaperones, in addition to staff members, will be going? (List names and affiliations with the students) |  |
| 8.          | How many school days will be missed?                                                                              |  |
| 9.          | How will teachers be advised in advance that the students will be out of school?                                  |  |
| School Work |                                                                                                                   |  |
| 1.          | How will work be made up?                                                                                         |  |

| 2.   | What special assistance will be provided students with academic problems?                |
|------|------------------------------------------------------------------------------------------|
| ltir | nerary                                                                                   |
| 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.   | If tour guides are involved, what liability insurance do they carry?                     |
| Fir  | nances                                                                                   |
| 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 fu                            | 4. How will any shortfall be made up or excess funds used? |  |
|------------------------------------------------------------------------------|------------------------------------------------------------|--|
| 5. What provision has been made for students who costs?                      | no are financially unable to pay any necessary             |  |
| Communications                                                               |                                                            |  |
| 1. How will you communicate to parents prior to, during, and after the trip? |                                                            |  |
|                                                                              |                                                            |  |
| List telephone numbers at destination and whe                                | ere group will be housed.                                  |  |
|                                                                              |                                                            |  |
|                                                                              |                                                            |  |
| 3. What information will be provided to the media                            | and the community?                                         |  |
|                                                                              |                                                            |  |
|                                                                              |                                                            |  |
| Signature of the Requestor:                                                  | Date:                                                      |  |
|                                                                              |                                                            |  |
| Approval:                                                                    |                                                            |  |
| Principal:                                                                   | Date:                                                      |  |
| Board of Education:                                                          | Date:                                                      |  |
|                                                                              |                                                            |  |