

APPENDIX C
 Rockford Area Schools – ISD 883
EXTENDED FIELD TRIP APPLICATION – FINAL APPROVAL

Final approval must be granted prior to engaging in securing contracts and collecting fees from students. Approval of this final application authorizes the teacher/advisor to proceed with trip planning, including expending the appropriate funds.

School: _____

Group/Class: _____

Teacher(s)/Advisor(s) submitting request: _____

of students: _____ # of school personnel: _____ # of chaperones: _____

Destination: _____ Address: _____

Have students received teachers' approval to miss class? Yes _____ No _____

Departure Date: _____ Departure Time: _____ Return Date: _____ Return Time: _____

Days absent: When school is in session: _____ Non-school days/vacation time: _____

Have reasonable accommodations been made for students with disabilities? Yes _____ No _____

For trips that contract a tour service, has the contract been reviewed and approved by the Business Manager? Yes _____ No _____

For trips outside the Continental US and those using a travel services, provide the name of the travel service:

For trips outside of the Continental US, please attach your emergency procedures.

Who has signed off on discussing school discipline policies with students? _____

Who has signed off on discussing school discipline policies with staff and chaperones? _____

TRANSPORTATION: Attach request if using district transportation.

School buses and/or 7 or 8 person vans: _____ N/A: _____

_____ Public Transportation _____ Contracted Transportation: _____
 (Name of Service; attach contract)

Place of lodging: _____ Dates: _____

COSTS: (Estimate per student)

Transportation \$ _____

Expenses to be paid by the district \$ _____

Meals \$ _____

Expenses to be paid by special funds \$ _____

Substitute Teachers \$ _____

Lodging \$ _____

Explain special funding and/or procedures for handling instances of economic need: _____

Other (fees, ins) \$ _____

Total \$ _____

The following documentation must be attached:

- Emergency procedures
- Tentative itinerary
- Signed memo of contract/insurance approval from Business Manager

APPROVAL: Final approval requires the following signatures.

School Principal: _____ Date: _____

Superintendent (or Designee): _____ Date: _____

Board Approval: Yes _____ No _____ Date: _____

Comments _____

Distribution: Original to Principal, signed copies to teacher(s)/advisor(s) submitting application, office copy