

Kingsley Area Schools 402 Fenton Street

Kingsley, MI 49649 Phone: 231-263-5261 Fax: 231-263-5282

Joshua Rothwell, Superintendent jrothwell@kingsleyschools.org

Brittany Moen, Executive Secretary bmoen@kingsleyschools.org

OVERNIGHT/EXTENDED STUDENT TRIP PROPOSAL FORM

*Note: All overnight and extended student trips <u>must</u> be reviewed and approved by the KAS Board of Education.

TYPE OF TRI	P:	
PROPOSED DEPARTURE DATE:		RETURN DATE:
TEACHER/PROPOSER:		POSITION:
TODAY'S DA	ГЕ:	
A. PURPO	OSE	
1. What is the place to be visited or even to be attended?		
2.	2. How is the trip related to the educational program of the District?	
3.	3. In what ways will the students benefit from this trip?	
4.	In what ways will the District benefit from this t	rip?
5.	How will the trip be evaluated to determine the	extent of the benefits?

B. STUDENTS/STAFF

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

2.	How many students will be attending?
3.	How many students are currently experiencing academic difficulties?
4.	Which staff members will be directly overseeing the trip?
5.	What previous experience does the staff members(s) have in conducting overnight or extended field trips?
6.	Will any other staff members or adults (chaperones) be attending?
7.	If yes, what are their names and affiliations with the students? (*Note: volunteers or chaperones may not attend unless they have successfully completed and passed a background check).
8.	How many school days will be missed?
9.	How will teachers be advised in advance that the students will be missing school?
C. SCHOO 1.	OL WORK How will missed classwork be made up?
2.	What special assistance will be provided for students with academic difficulties?

D. ITINERARY

*PLEASE ATTACH A COPY OF YOUR PROPOSED TRIP ITINERARY FOR REVIEW.

1.	What will be your primary mode of transportation?		
2.	Where will the group be housed/fed?		
3.	How will emergency situations be handled?		
4.	If tour guides are involved, what liability insurance do they carry?		
E. FINAN	ICES		
	Estimated cost per student:		
2.	Source of funds:		
3.	How funds will be collected and safeguarded:		
4.	Will shortfall funds be made up and excess funds be used?		
5.	Have any provisions been made for students who cannot afford the trip?		
F. COMMUNICATIONS			
1.	How will you communicate with parents/guardians prior to, during, and after the trip/event?		

3. What information will be provide	ed to the media and community regarding this trip?
Signature of the Requestor	Date
Title	
	this line - Admin Use Only
APPROVED Yes [] No []	
IF NO, WHY?:	
Principal (signature)	Date
Superintendent (signature)	Date
Board of Education (signature)	Date

2. List telephone numbers at destination and where the group will be housed: