

PRAIRIE DU CHIEN AREA SCHOOL DISTRICT

Exhibit 976.1

EXTENDED/OVERNIGHT FIELD TRIP AND/OR FOREIGN STUDY TOUR
APPLICATION

All **Extended/Overnight** applications must be submitted to the District Office at **least one month prior to the trip date**. All **Extended/Overnight** trips require Board of Education approval. A roster of students and teachers participating must be in the hands of the building principal before the trip leaves. No buses may be overloaded and all students must have submitted a trip release signed by their parent/guardian before they are permitted to participate. All trips are to be properly chaperoned (one adult to every 10 students) and no student shall be denied the opportunity to participate because of financial reasons.

REQUESTING TEACHER(S): _____

DATE OF REQUEST: _____ SCHOOL: _____

GRADE: _____ GROUP OR ACTIVITY: _____

(CHECK ONE TYPE OF TRIP)

CO-CURRICULAR _____ ATHLETIC _____ EDUCATIONAL _____

EDUCATIONAL OBJECTIVE/PURPOSE: _____

DATE OF TRIP: _____

DESTINATION/ADDRESS: _____

TIME LEAVING: _____ LOADING LOCATION: _____

NO. OF STUDENTS: _____ NO. OF TEACHERS: _____

NO. OF PARENTS: _____ TOTAL: _____

NO. OF BUSES/VANS REQUESTED: _____

ESTIMATED TIME OF ARRIVAL HOME: _____

SCHEDULED STOPS (Itinerary) 1. _____ 2. _____

3. _____ 4. _____ 5. _____

FIELD TRIP COSTS:

1. Transportation costs @ _____ per mile per bus \$ _____
2. Number of buses _____
3. Total transportation expense
(Multiply #1 x #2) \$ _____
4. Individual non-transportation cost
(admission, tickets, supplies etc.) \$ _____
5. Number of participants _____
6. Total non-transportation cost
(Multiply #4 x #5) \$ _____

Submit completed application to the building principal. After approval, copies will be distributed.

APPROVED:

Principal's Signature

Superintendent's Signature

Board of Education Secretary's Signature

This portion of the application is to be completed by the transportation contractor.

Bus Assigned _____ Route No. _____ Driver _____

Mileage Out _____ Mileage In _____

Total Mileage _____

No. of Passengers _____

Time In _____ Time Out _____ Total Time _____

Total over the road time _____ Total standing time _____

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Exhibit 976.2

HEALTH REFERENCES

My son/daughter _____ has a health problem.
Therefore, he/she will have the following medication with him/her while on this
field trip.

HEALTH PROBLEM _____

PRESCRIBED MEDICATION _____

INHALER _____

OTHER _____

Signature of parent/Guardian: _____

Date: _____

APPROVED: February 14, 2000

Did the bus leave the destination for any reason during standing time? YES/NO

If YES, where and how many miles traveled? _____

Cost of tolls, parking etc. _____ Trip Cost _____

I, the undersigned, attest that all of the above report is true and correct to the best of my knowledge.

Driver's Signature

Teacher in Charge's Signature

COPIES: BUS GARAGE, DISTRICT OFFICE, PRINCIPAL

APPROVED: October 14, 1991

REVISED: February 14, 2000

PRAIRIE DU CHIEN AREA SCHOOL DISTRICT

Exhibit 976.4

FIELD TRIP OBJECTIVES

TEACHER(S): _____

TRIP DATE: _____

DESTINATION: _____

GROUP OR CLASS: _____

INSTRUCTIONAL OBJECTIVES:

1. _____

2. _____

3. _____

EVALUATION: (To be completed after trip has been taken)

Fill out in duplicate. Turn both copies in with the "Field Trip, Extended Field Trip and Foreign Study Tour Application Form." One copy of the objective sheet shall be returned for your evaluation. Submit no later than one week after the trip. The principal and Superintendent shall each retain a copy for his/her file.

APPROVED: October 14, 1991
REVISED: February 14, 2000

PRAIRIE DU CHIEN AREA SCHOOL DISTRICT

Exhibit 976.3

PERMISSION/AGREEMENT

The undersigned parent(s) or guardian(s) of _____ hereby grant(s) permission for him/her to travel and participate in all respects on the school sponsored _____ trip. My/our signature(s) indicate that I/we have been provided sufficient information regarding the trip to grant my/our permission.

Further, the undersigned hereby agree(s) to assume all financial responsibility associated with the return of the student to Prairie du Chien Area School District prior to the completion of the scheduled trip or following the completion of the scheduled trip if, in the sole determination of the trip advisors or chaperones, student's health, behavior, violation of the Student Handbook, or any other condition warrants earlier return, or if for any reason, student is unable to return as scheduled.

Dated This Date: _____

Parent/Guardian Signature: _____

Address: _____

Phone: _____

NOTE: ALL PARENT / GUARDIAN(S) MUST SIGN

APPROVED: February 14, 2000