

REQUEST FORM FOR OVERNIGHT OR OUT-OF-STATE FIELD TRIPS

This form must be completed by the trip supervisor and returned to the appropriate school administrator at least four weeks in advance of the trip. *NOTE: The Superintendent has the authority to approve trips that occur before the next scheduled School Board meeting.*

All applicable items must be completed before submitting to the appropriate school administrator.

West Lafayette Junior-Senior High School

Destination Chesterton, IN

Cumberland Elementary

Destination _____

Happy Hollow Elementary

Destination _____

Date of Request 5/21/25 Beginning and Ending Dates of Trip 7/14 - 7/16

Signature of Supervising Staff Member [Signature] Organization XC

Administrators' approval [Signature] Date 5/21/25

TRIP INFORMATION

Destination of Trip (be specific) Chesterton, IN

Trip will be (Circle one or both) Overnight Out-of-State

Reason for Trip Annual XC Team Camp

Number of instructional minutes lost 0

Describe the specific educational goal(s) or state standards that this activity will help students attain. Develop well-rounded students

Describe how this activity will help attain school improvement goals.

Improve belonging

Describe why this activity cannot occur without interrupting the instructional day.

N/A

For overnight trips: Describe why this activity cannot occur without an overnight stay.

Distance

Method of Transportation: City/Yellow bus Charter(es)

Driver [Signature]
Company Toest, Chris Williams, Sam Leeds
Medusa Toest

PARTICIPANT/CHAPERONE INFORMATION

Number of Students Total ~36 Male ~18 Female ~18
Number of Chaperones Total ~8 Male ~4 Female ~4

(Full name and Date of Birth required for Background Check)

Names	Background Check		Viewed training video	
	Yes	No	Yes	No
<u>David Joest</u>	<u>Yes</u> <input checked="" type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>
<u>Chris Williams</u>	<u>Yes</u> <input checked="" type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>
<u>Sam Leeds</u>	<u>Yes</u> <input checked="" type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>
<u>Melissa Joest</u>	<u>Yes</u> <input checked="" type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>
_____	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>
_____	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>
_____	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>
_____	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>

Ratio of chaperones-to-students 1:5

Explain special needs and considerations for individual students including medical needs

Considerations made as needed.

TRIP COSTS

Estimated Total Cost of Trip ~\$4,500 Cost of Trip to Student ~\$125

Explain chaperone costs, if paid by sponsoring organization

Hotel & meals covered by student fee

Explain bus driver arrangements for food, lodging, etc, if applicable

N/A

ITINERARY