

### Thompson School District R2-J Overnight Activity Trip Request

School \_\_\_\_\_ Group(s)/Class Involved \_\_\_\_\_

Number of students involved (girls) \_\_\_\_\_ (boys) \_\_\_\_\_ Total \_\_\_\_\_ In-State \_\_\_\_\_ Out-of-State \_\_\_\_\_

How are students selected? \_\_\_\_\_

Destination \_\_\_\_\_ Mode of transportation to/from/at destination \_\_\_\_\_

**When traveling to metropolitan or mountain areas, use of district vehicle or commercial/charter vehicle is required. These vehicles include, but are not limited to district cars, suburban or activity buses.**

Type of Lodging/Accommodations \_\_\_\_\_

Departure date \_\_\_\_\_ Return date \_\_\_\_\_

Will students miss days of school? Yes \_\_\_ No \_\_\_ If yes, dates absent \_\_\_\_\_

**Describe Funding Sources/Amounts**

Total Cost of Trip: \$ \_\_\_\_\_ Budget Code: \_\_\_\_\_

Out of pocket student tuition, if any: \$ \_\_\_\_\_

How are indigent students provided an opportunity to participate? \_\_\_\_\_

Have sponsors visited the site or conducted the activity before? \_\_\_\_\_ Who? \_\_\_\_\_

Have sponsors reviewed Board policy and regulation IJOA/IJOA-R? \_\_\_\_\_ Date of Review \_\_\_\_\_

Have you notified the school nurse or health office aide to discuss the provision of nursing services for this trip? \_\_\_\_\_

Will you notify the school health office at least two weeks prior to the trip to assure that Health Care Plans and Emergency Care Plans can be developed for students with health care needs? \_\_\_\_\_

Brief description of objectives and expected outcomes of activity: \_\_\_\_\_

The CODE OF COLORADO REGULATIONS 6 CCR 1010-6, Division of Environmental Health and Sustainability, section 22 6.13 Health Service requires that at least one staff member shall be on duty at school sponsored activities who has a current certification from a nationally recognized course in Standard First Aid and Cardio Pulmonary Resuscitation (CPR) certification course. Please list the name of the individual who will be accompanying the group who has current First Aid / CPR certification and send a copy of the certification card with this form. \_\_\_\_\_(name)

Only teachers or other school staff members or coaches may be included as approved sponsors. A list of names of district participants (student, teachers and other staff members) must be turned in with this approval request. The recommended teacher/staff sponsor to student ratio is 1:10.

Number of teacher sponsors \_\_\_\_\_, expenses to be included with students.

Number of teacher sponsors \_\_\_\_\_, expenses to be paid individually.

Number of other staff \_\_\_\_\_, expenses to be included with students.

Number of other staff \_\_\_\_\_, expenses to be paid individually.

Number of parent chaperones per policy IJOA-R, item C \_\_\_\_\_, expenses to be included with students.

Number of parent chaperones per policy IJOA-R, item C \_\_\_\_\_, expenses to be paid individually.

Whenever Thompson School District students are engaged in overnight travel, parents or guardians must attend a mandatory informational meeting. The exception is when a student or team is participation in a competitive post season activity.

**(Check as many as applicable)**

\_\_\_ This activity is an outgrowth of curriculum or co-curriculum (See Guidelines for Conducting Student Activities).

\_\_\_ This activity is non-discriminatory.

\_\_\_ This activity, or similar trip, is not available within the state.

\_\_\_ This activity is a national event and participants are members of state-charters.

\_\_\_ Participation in this activity has been earned through exceptional performance or by exclusive invitation based on merit.

Per policy IJOA-R: "District sponsored Out of country trips will not be permitted by the Board of Education.

\_\_\_\_\_  
Sponsor/Coach Signature

\_\_\_\_\_  
Sponsor/Coach (Print name)

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Benefits & Risk Manager Date

\_\_\_\_\_  
Executive Director Secondary Date