GOODHUE COUNTY EDUCATION DISTRICT #6051 EXTENDED/INSTRUCTIONAL/SUPPLEMENTARY FIELD TRIP PROPOSAL MUST BE SUBMITTED ONE (1) WEEK PRIOR TO FIELD TRIP

Teacher(s) Submitting Proposal OBJECTIVE/PURPOSE OF THE FIELD TRIP		(IP	Date Submitted	
Consid	eration has been given to the f	inancial ability f	for all students to participate in this field trip Yes	No
1.	Classification According to Po	licy 610: EXTE	ENDED INSTRUCTIONAL SUPPLEMENTAL	
2.	Dates of Proposed Field Trip:			
3.	Destination:			
4.	Number of Students Participating: Parent Permission Slips Required: Yes No			
5.	Number of Supervisors Needed (Minimum 1 Adult/ Students): Staff Certified			
6.	Will Students be Graded on the Field Trip: Yes No			
7.	Type of Transportation Needed: Bus Dun Other			
8.	Cost, including food, to make	this trip:	Room \$/per student Room \$Total Food \$/per student Food \$Total Transportation \$Total Other \$Total	
	Grand Total \$		Transportation yTotal Other yTotal	
9.	Funds Provided By:			
	A. Fundraising per Student\$\$			
	B. Funds Provided by District per Student\$			
	C. Funds Out of Students' Pocket\$			
	D. Funds Provided by Boosters/Grants\$			
10	Yes No	-	Form for Overnight Trips been turned in to the Activities D	irector or Director?
	(Chaperones on all overnight trips must have appropriate background checks.) (Contact the district office at 651-388-4441.)			
	APPROVAL/DISAPPROVAL (by initials)			
	ASSISTANT DIRECTOR:	Approve		
	Comments			
	DIRECTOR:	Approve	Disapprove Date	
	(Extended Field Trips Only)			
	SCHOOL BOARD ACTION:		Disapprove Date	
	(Extended Field Trips Only)			
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Copies to: District Office / Assistant Director / Staff Applicant