



Rockford Area Schools – ISD 883

EXTENDED FIELD TRIP APPLICATION – FINAL APPROVAL

Final approval must be granted prior to engaging in securing contracts and collecting fees from students. Approval of this final application authorizes the teacher/advisor to proceed with trip planning, including expending the appropriate funds.

School: Rockford High School

Group/Class: Speech Club

Teacher(s)/Advisor(s) submitting request: Jessica Rymer

of students: 3 _____ # of school personnel: 2 _____ # of chaperones: 0 _____

Destination: MSHSL State Tournament Address: 7300 Brooklyn Blvd, Brooklyn Park, MN 55443

Have students received teachers' approval to miss class? Yes _____ No

Departure Date: 4/24/26 _____ Departure Time: 9:00 AM _____ Return Date: 4/25/26 _____ Return Time: 7:00 PM _____ Days

absent: When school is in session: 1 _____ Non-school days/vacation time: 1 _____ Have

reasonable accommodations been made for students with disabilities? Yes No _____ For trips that contract a tour service, has the contract been reviewed and approved by the Business Manager? Yes _____ No _____ For trips outside the Continental US and those using a travel services, provide the name of the travel service:

For trips outside of the Continental US, please attach your emergency procedures.

Who has signed off on discussing school discipline policies with students? _____ Who

has signed off on discussing school discipline policies with staff and chaperones? _____

TRANSPORTATION: Attach request if using district transportation.

School buses and/or 7 or 8 person vans: STEM Van _____ N/A: _____

_____ Public Transportation _____ Contracted Transportation: _____ (Name of Service; attach contract)

Place of lodging: Comfort Inn Brooklyn Center _____ Dates: 4/24-4/25 _____

COSTS: (Estimate per student)

Transportation: Taking the STEM Van, depending on how many qualify. _____ Expenses to be paid by the district: Substitutes _____

Meals: Paid by students _____ Expenses to be paid by special funds \$ _____ Hotel paid by Education Foundation _____ Substitute Teachers 1 teacher sub, 1 para sub

Lodging \$0, paid by Education Foundation _____ Explain special funding and/or procedures for handling instances of economic Other (fees, ins) \$ _____ need: Cost of two substitutes _____

Total \$ _____

The following documentation must be attached:

- Emergency procedures
- Tentative itinerary
- Signed memo of contract/insurance approval from Business Manager

APPROVAL: Final approval requires the following signatures.

School Principal: _____ Date: _____

Superintendent (or Designee): _____ Date: _____ Board

Approval: Yes _____ No _____ Date: _____

Comments _____

Distribution: *Original to Principal, signed copies to teacher(s)/advisor(s) submitting application, office copy 03/22*