

Reardan-Edwall School District Overnight Trip Request Form

All overnight student trips **require pre-approval**. Please submit your completed form to the appropriate administrator **at least 10 days** prior to monthly board of directors business meeting (last Wednesday of most months).

Group: <u>H3 Football</u>	Date of Trip: ^{8/15 or 8/16} <u>8/29 or 8/30</u> ^{8/22 or 8/23}
Advisor/Coach Attending: <u>Eric Nikkola</u>	Cell Phone: _____
Destination(s): <u>TBD</u>	
Purpose: <u>Football Play offs</u>	
Number of Students: Male <u>30</u> Female <u>0</u> Grade Level(s): <u>9-12</u>	
Have chaperones, other than coaches, filled out proper paperwork and been board approved? <input type="checkbox"/> Yes <input type="checkbox"/> No Successfully passed the fingerprinting process? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Names of Chaperone(s) in authority at event: (1 per 10 student ratio per male/female) <u>Eric Nikkola, Matt Clouse, Casey Dorrel</u> <u>Brian Graham</u>	
Are appropriate purchase orders submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has transportation been requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have substitute arrangements been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

(Office use only)

Approvals	
AD (athletics): <u>Bu Clu</u>	Date: <u>9/16/19</u>
Principal: <u>[Signature]</u>	Date: <u>9/23/19</u>
Superintendent: <u>[Signature]</u>	Date: <u>9/24/19</u>
Board Chair: _____	Date: _____

Reardan High School Overnight Supervision Plan

- 1 All overnight stays require a 10:1 student to supervisor ratio.
- 2 All overnight stays with male and female students will have, at minimum, one (1) male and one (1) female supervisor.
- 3 Supervisors will need to be approved by the Reardan-Edwall School District or an approved employee/supervisor of another participating school.
- 4 Supervisors must room in the same building, and on the same floor and within reasonable proximity to all participants.
- 5 All participants must be informed of the location of the supervisors' room or sleeping area.
- 6 Attach a detailed schedule of activities or an itinerary with the Overnight Request Form.
Students need to be actively engaged with activities for the greater portion of the day.

The following information needs to be provided to the principal and/or activities director by the lead supervisor.

Number of participants: M: 30 F: 0

Names of supervisors: Eric Nikkeda, Matt Clouse, Casey Dorrel, Brian Graham

Dates of stay: TBD _____

Location of stay: TBD _____

Rooming List (attach if necessary): _____

In Room Curfew: Time: _____

Lights Out Curfew: Time: _____

Bed Check #1 (Males):	Time: _____	Supervisor: _____
Bed Check #1 (Females):	Time: _____	Supervisor: _____
Bed Check #2 (Males):	Time: _____	Supervisor: _____
Bed Check #2 (Females):	Time: _____	Supervisor: _____
*Bed Check #3 (Males):	Time: _____	Supervisor: _____
*Bed Check #3 (Females):	Time: _____	Supervisor: _____

* Only needed for non-compliance on earlier checks

Wake-up Check: Time: _____ Supervisor: _____