



**February 26, 2024  
5:15 p.m.  
Via Zoom and Streamed in  
Shoreline Center Board Room**

## **Special Board Meeting Agenda**

### **1. Approval of Extended Field Trip**

[Field Trip-Special.pdf \(p. 2\)](#)

- **Cascade K-8 Community School - Fort Worden, March 3-8, 2024**

[Cascade K-8 Field Trip.pdf \(p. 3\)](#)

### **2. Adjournment: \_\_\_\_\_ p.m.**

**SHORELINE PUBLIC SCHOOLS**  
**EXTENDED FIELD TRIP REQUESTS**

February 26, 2024

SCHOOL	DESTINATION	DATES	PURPOSE OF TRIP	GRADE(S)/ GROUP(S)
<b>CASCADE K8</b>	Centrum Camp Fort Worden; Port Townsend, WA	3/3-3/8/24	Art Immersion	8 <sup>th</sup> grade

# Shoreline Public Schools EXTENDED FIELD TRIP REQUEST AND PROPOSAL

To be submitted 10 days prior to the next School Board Meeting and prior to any fundraising. Extended Field Trips are any that travel beyond the range of Bellingham to the north, Olympia to the south, the Cascade's summit to the east, or locations beyond Puget Sound to the west, and/or trips on Saturday, Sunday, non-school days or overnight. One day Saturday, Sunday or non-school day trips within the above geographical area do not require Board approval, unless they involve fundraising. (Shoreline School District Board Policy #2320 & 2320P)

School & Group CK8 8<sup>th</sup> Gr. CAMP  
 Applicant (first & last) Becca Drury (Rebecca)  
 Date of Application 2/16/24

Destination Centrum / Ft Wordon  
 Address \_\_\_\_\_  
 Date/Dates of Trip 3/13/2024 - 3/18/2024

Curricular purpose of trip: 8<sup>th</sup> Grade Culmination - Art Immersion Experience

3/3/24 School Depart time: 1 pm Arrive at Destination time: 4 pm  
 3/8/24 Depart from Destination time: 12:15 Return to school time: 3:20 pm # of Buses 1  
 # of Students 17 # of Adults 3 Grade level(s) 8  
 Plans for homework makeup: N/A

Names of certificated staff supervising trip:  
 (must include cell phone for AT LEAST ONE staff)  
Rebecca Drury  
Fergas Temporada

Date by when parents/chaperones will be briefed: \_\_\_\_\_  
 Meal arrangements: \_\_\_\_\_  
Provided by camp

Names of additional parent/staff chaperones:  
Parent/Para Lisa Painter

Housing arrangements: **Hotel Name/Address/Phone**  
Dorm style

School phone #: \_\_\_\_\_

Has Travel/Accident Insurance Been Provided? Y  N

Estimated costs: to individual student 325  
 x # of students 17 = \$ 5525<sup>00</sup>  
 to ASB: \$ 5525<sup>00</sup> 7300  
 to Building Fund: \$ 0  
 Trip Total \$ 5525<sup>00</sup> 12,825 *OK*

Account # 3838-00-0000-1300-0000-0000-0  
 Sources of revenue PTSA/ASB

Plans for students w/out funds: Scholarships

Received  
 FEB 20 2024  
 Athletics Dept. SLSL

Transportation Type: (school bus) private car, ferry, etc.)

If using private transportation: A list of parents/chaperones must be on file in the school office along with appropriate insurance verification forms  
Completed 10/23

Additional needs: (wheelchair? storage?) \_\_\_\_\_

VersaTrans Trip # GOING 17374  
Return 17375

Becca Drury Date \_\_\_\_\_  
 Teacher or Advisor Signature  
Rebecca Emanuel Date \_\_\_\_\_  
 Principal

[Signature] Date 2/20/24  
 Superintendent Designee  
[Signature] Date 2/21/24

Approval to proceed granted: \_\_\_\_\_ Date: \_\_\_\_\_  
 (signature)