

Madison Metropolitan School District
Request for **CONDITIONAL** Approval for
School District Sponsored Domestic or Foreign Tour

"Domestic or foreign tours are . . . optional for students, are longer than one day, and take place when school is not in session except as authorized by the SUPERINTENDENT or his/her designee."

SECTION I: Complete *well in advance* and prior to use of District Resources – including time – to promote or announce **

Date of Request: _____ Beginning Date of Activity: _____ Ending Date of Activity: _____

Name of Trip Organizer & Phone #: _____ School: _____

Destination/Description (including modes of transportation): _____

Name & Address of Travel Agent if applicable: _____

Anticipated Number of Students Participating: _____ Grade Level(s) of Students Participating: _____

All Activities:

- Activity is scheduled when school is not in session. If not, reason is attached.
- All Board of Education policies, including the Behavior Education Plan, will be enforced, and there is an identified plan for non-compliance.

Anticipated Cost per participant: _____ Cost covers: _____

List and describe school sponsored fund raising activities for students: _____

Type of Activity (required)

Please give a rationale for the trip. (You may attach additional documentation.) _____

- I have **attached** a description of:
 - Course or competence **prerequisites**.
 - _____ Student **eligibility criteria**. **NOTE: Only MMSD** students meeting criteria are allowed to participate in trips/tours. Additional non-chaperones (such as the children or family members of chaperones or of eligible participants), shall not participate in the trip/tour.
 - _____ How **access** will be provided to ALL students, including students with disabilities and students without the ability to pay who meet the eligibility criteria and desire to participate.
 - _____ **The learning goal(s)** of the trip and why they can't be met without this tour.
 - _____ How the trip aligns with students' *current coursework*.
 - _____ The proposed itinerary

Anticipated Number of chaperones: _____. Ratio must be one adult/ten students. It is preferred all the adults are staff unless the Superintendent/designee has approved the use of other adults as chaperones, and they have undergone a background check.

- Chaperones will be MMSD employees, or I will ensure non-staff obtain a MMSD volunteer background check.
- At least one has emergency first aid training, including DPI approved training in the administration of medication: (name) _____
- (For foreign travel) At least one staff chaperone has/will have current CPR certification: (name) _____
- (For foreign travel) Attach to this document the following: timeline and plan for all participants to obtain any required travel documents (passport, visa, tourist card, etc.) and immunizations; plan for organizer to ensure travel documents and immunization records required by the foreign country(ies) are secured during the trip.

Number of travel company employees who will supervise the trip/tour: _____ (attach name of company and list of employees names if applicable).

Transportation for requested trip will be provided by: _____

PRINCIPAL SIGNATURE indicating review of the transportation plan **and approval** to go forward:

_____ Date: _____

****CONDITIONAL APPROVAL – REQUIRED FOR DOMESTIC OR FOREIGN TOURS**

No employee shall use school time to advertise, promote, organize, arrange or announce a domestic or foreign tour which has not been conditionally approved by the Superintendent. (See Board Policy 5100.)

Chief of School Operations _____ Date: _____

Superintendent _____ Date: _____

****All trips are subject to cancellation due to events beyond the control of the school district.**