



District Service Center
7362 E. Point Douglas Rd. S.
Cottage Grove, MN 55016
Phone: 651-425-6300 Fax: 651-425-6318

ADMINISTRATIVE REPORT

TO: Members of the School Board
Keith Jacobus, Ph.D., Superintendent

FROM: Jennifer Thomas, Office Coordinator for Assistant Superintendents for
Academic Excellence and Accountability Mike Johnson, Julie Nielsen
& Kristine Schaefer

DATE: June 13, 2019

TOPIC/PURPOSE OF REPORT: Extended Field Trips

REFERENCE TO POLICY/STRATEGIC PLAN: Policy 610, Field Trips

RECOMMENDED BOARD ACTION: Approval

DATE FOR BOARD ACTION: June 20, 2019

REPORT

The following extended field trips have been submitted for approval per Policy #610:

- **July 10-15, 2019** – Park High School Trap Team - 6 students and 3 adult supervisors will travel to Mason, Michigan. The parents will be driving students and they will be staying at The Fairfield Inn & Suites by Marriott in Jackson, MI. The top students from around the nation will compete in the first National Trap Tournament in Mason. **(Pete Soukup)**

Describe the manner of selecting participants.

Athletes were selected based on season averages for the trap season.

8. Indicate who will be in charge of supervising the trip.
Parents will be supervising the trip as well as: Pete Soukup- Trap Team Head Coach, Del
Lawson- Assistant Coach, Molly Soukup- Team Manager ✓

9. State the safety precautions and procedures for emergencies while on the trip.
Students will exchange phone numbers with chaperones. Students and adults will be in the
same location throughout the trip. We will also have all parent contact information. ✓

11. Give budget costs, how trip will be funded and estimated cost per student. ✓
Families will cover the cost of the trip.

12. State evaluation procedures.
None

13. List any proposed precautions, special needs, special concerns, student concerns, - if
applicable.
None

Signature of Staff Member Responsible: _____

[Handwritten Signature]

Date field trip request was submitted to Principal: _____

6/7/2019

[Handwritten Signature] 6/11

Principal/Administrator Signature and Date: _____

[Handwritten Signature] 6/11/19

Approved: _____

Not Approved: _____

Assistant Superintendent Signature and Date: _____

[Handwritten Signature] 6-12-19

Approved: _____

Not Approved: _____

School Board Review Date: _____

Approved: _____

Not Approved: _____