



District Service Center
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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 and Julie
Nielsen

DATE: August 2, 2018

TOPIC/PURPOSE OF REPORT: Extended Field Trips

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

RECOMMENDED BOARD ACTION: Approval

DATE FOR BOARD ACTION: August 9, 2018

REPORT

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

- **October 19-20, 2018** – Woodbury High School, Varsity Volleyball Team – 12 students and 2 adult supervisors will travel to Rochester MN. Transportation will be provided by the parents of the students and they will be staying at Holiday Inn Downtown Rochester. The students will compete with high level teams in the surrounding areas and have the opportunity for team bonding. **(Cassie Cahill and Sam Sullivan)**



South Washington County Schools
Cottage Grove, MN

610 EXTENDED FIELD TRIP FORM

Staff Member(s) Responsible (Name and phone): Cassie Cahill (651-230-8448) Pam Sullivan (651-276-1044)

School and Program: Woodbury High School, Varsity volleyball

Date of Requested Trip: October 19th – October 20th

1. What group is taking this trip? WHS Girls Varsity Volleyball

Estimated # of Students 12 Adult Supervisors 2, plus parents

2. Destination: Rochester, MN ✓

Date/Time of Departure: 10/18/2018, 6:00 pm

Date/Time of Return: 10/20/2018, 5:00 pm.

3. State purpose and educational value of trip (attach information to form if needed).
The purpose of this trip is to compete during our volleyball season. This trip will allow our team to compete with high level teams. The girls will have an opportunity to bond during travel, play, and down time at the hotel. ✓

4. Name the manner of travel and the carrier.
Students and their families are providing transportation for themselves. Carpooling will be taken advantage of. ✓

5. State housing arrangements (must include name, address and phone number of hotel).
The athletes will stay in a hotel. We plan on booking with the Holiday Inn Downtown Rochester. 220 South Broadway, Rochester, MN 55904. (507-252-8200) ✓

6. Describe parental involvement in planning – including who, what, where, when and how.
My booster club parents are helping plan this trip.
Vicki Cahill-treasurer of boosters, paying for hotels, providing transportation with her vehicle, 10/18/2018 and 10-20-2018.

Amy Hawks-secretary of the booster club, helping organize carpooling options, planning a possible meal option for the team dinner.

Other parents will be involved, the teams are not set yet so I can't answer this question fully.

7. List participants (reminder to have participants complete parent/guardian permission form).

This is to be determined. The teams will be picked the week of August 13th.

8. Describe the manner of selecting participants.
The varsity volleyball team is participating in this tournament. They will be selected on athletic ability, attitude, work ethic, ability to be a good teammate, etc. ✓
9. Indicate who will be in charge of supervising the trip.
Cassie Cahill and Pam Sullivan. ✓
10. State the safety precautions and procedures for emergencies while on the trip.
Parental involvement will be high during this trip. The girls will have a curfew. Medical aid will be provided at the school where the tournament is being held.
11. Give budget costs, how trip will be funded and estimated cost per student.
The only costs of the trip are hotel rooms and 2 team meals. All costs are covered by the WHS volleyball booster club.
12. State evaluation procedures.
N/A
13. List any proposed precautions, special needs, special concerns, student concerns, - if applicable.
One student, Courtney Cahill, has Celiacs disease, she can't consume gluten.

Signature of Staff Member Responsible: Cassie Cahill

Date field trip request was submitted to Principal: 7/17/18

Principal/Administrator Signature and Date: [Signature] 8/17/18

Approved: X Not Approved: _____

Assistant Superintendent Signature and Date: [Signature] 7.23.18

Approved: ✓ Not Approved: _____

School Board Review Date: _____

Approved: _____

Not Approved: _____