

TO: Board of Directors

FROM: Ruth Floyd, Executive Director of Business Services

SUBJECT: Stanwood High School Student Athletic Trips

DATE: January 17, 2023

TYPE: Action Required

The Stanwood High School student groups request to attend the events below:

- Anaheim Heritage Festival/Disneyland Band, April 20-23, 2023, Anaheim, CA
- Poultry CDE Clinic FFA Poultry Eval. Team, January 27-28, 2023, Kennewick, WA

The following Stanwood High School athletic teams request to attend the tournaments as listed below, if they qualify for state competition:

- WIAA State Tournament Girls Wrestling, February 16-18, 2023, Tacoma, WA
- WIAA State Meet Boys Wrestling, February 16-18, 2023, Tacoma, WA
- WIAA State Tournament Boys Swim, February 16-18, 2023, Federal Way, WA
- WIAA State Tournament Girls Basketball, February 28-March 4, 2023, Tacoma, WA
- WIAA State Tournament Boys Basketball, February 28-March 4, 2023, Tacoma, WA
- WIAA State Tournament Cheer, February 28-March 4, 2023, Tacoma, WA

Recommendation: It is recommended that the Board approve the Stanwood High School trips for these student groups.



St. 1115
School Stanwood HS Today's Date 9/21/22
Individuals/Group Involved SHS Band Members Number of Students 240
Activity Band Tour to Anabein, CA/Disneyland
Destination ()
Departure Date 4/20/23 Return Date 4/23/23
Accommodations: Hotel TBD by Tour Company
Source of Revenue: Multiple Band Boster Fundraisers
Fundraising Activities Multiple started last spring
Individual Student Cost \$ 1709.00 Estimate Total Group Cost \$ 68,360.00 Est.
Insurance (special coverages)
Purpose of Trip (include educational value) Performance and adjudication @
Disnepland by Disney Music Faculty. Recording session
on disney property w/ live cartoon feed.
Has this trip been previously taken? If yes, when? Spring 1 and 2017
List of chaperones and students MUST be attached to this form. (Chaperones must be of each gender if students of each gender are attending.) regis tration closes Oct. 1st
1. Additional information needed:
2. Insurance coverage to be arranged through the insurance office3. Parent permission and medical authorization forms go to principal.
4. All district employees need to submit a travel request form.
5. Notify school nurse.
al Brodin
Signature of Initiator Signature of Building Principal
For Administration Use Only:
Board approval needed. Will be submitted on
1/1/23
Superintendent of Designee Signature Date

Today's Date <u>1/3/2023</u>

Number of Students 7

School Stanwood High School

Individuals/Group Involved Poultry Evaluation Team

Activity Poultry CDE Clinic
Destination Kennewick
Departure Date <u>1/27/2023</u> Return Date <u>1/28/2023</u>
Accommodations: Best Western Plus Kennewick Inn
Source of Revenue: FFA ASB Account
Fundraising Activities: FFA Cafe, Prime Rib Dinner
Individual Student Cost: 0 Total Group Cost: 0
How was this activity/trip available to any interested and/or eligible student(s). This FFA activity is available to all FFA members who are interested. FFA membership is available to all students in agriculture classes.
How was this trip promoted to all interested/eligible students? Through FFA activities, FFA meetings, FFA calendar updates, this week in FFA flyers and promotion by all four agriculture teachers.
Will any student(s) be excluded from this trip due to the inability to pay? NO
Insurance (special coverages): N/A
Purpose of Trip (including educational value): Poultry Evaluation Team Training
Has this trip been previously taken? No - New Event
If yes, when?
List of chaperones and students MUST be attached to this form. (Chaperones must be of each gender if students of each gender attending.)
1. Additional information needed: 2. Insurance coverage to be arranged through the insurance office. 3. Parent permission and medical authorization forms go to principal. 4. All district employees need to submit travel request form. 5. Notify school minse. Signature of Initiator Signature of Building Principal
For Administration Use Only:
Board Approved Approv
Date Date

05/2022



School SHS Today's Date 12/1/12
Individuals/Group Involved Girls Wastling Number of Students +bd
Activity WIAA State Level Tournament
Destination Tacoma, WA
Departure Date 2/18/23 Return Date 2/18/23
Accommodations:
Source of Revenue: Ath Utics
Fundraising Activities
Individual Student Cost Domestia Total Group Cost \$1,200
How was this activity/trip available to any interested and/or eligible student(s) Open typout
How was this trip promoted to all interested/eligible students? News letter TVS, etc.
Will any student(s) be excluded from this trip due to the inability to pay?
Insurance (special coverages)
Purpose of Trip (include the educational value) Compete at WIAA State Level Competition.
Has this trip been previously taken? Yes, when? 2022
List of chaperones and students MUST be attached to this form. (Chaperones must be of each gender if students of each gender are attending.)
1. Additional information needed: 2. Insurance coverage to be arranged through the insurance office. 3. Parent permission and medical authorization forms go to the principal. 4. All district employees need to submit a travel request form. 5. Notify the school nurse. Signature of Initiator Signature of Building Principal
For Administration Use Only:
Board approval needed. Will be submitted on

. 05/2022



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School		ZOLAC LAUCEC	_	Pate 12/1/22	
		soys wres	$\mathcal{L}_{\mathcal{L}}$	f Students J DC	—
Activity_	WIATA S	taile wr	estung		
Destination	on TO(O)	ma, WH	\bigcup		
Departure	Date 4/10	0/23	Return Date	2/18/23	
Accommo	odations:		•	· · ·	
Source of	Revenue: A+17	nutics			
Fundraisi	ng Activities				
Individua	l Student Cost	Ø	Total Grou	up Cost_\$2,400	
How was	this activity/trip availa	able to any interested a	nd/or eligible student(s) open tryout	- -
How was	this trip promoted to a	ll interested/eligible st	udents? New SU	Her, TVs, etc	<u>_</u> .
Will any s	student(s) be excluded	from this trip due to th	e inability to pay?	NO	
Insurance	(special coverages)				<u>. </u>
Purpose o	f Trip (include the edu IAA STA	cational value) CO	mpete o	ctition.	
		en? YLS If ye			
List of ch	aperones and studen s of each gender are at	ts MUST be attached tending.)	to this form. (Chape	erones must be of each gend	ier
2. Insuran3. Parent I4. All dist5. Notify	permission and medical a	ed through the insurance authorization forms go to abmit a travel request for	the principal. m.	ing Principal	
For Admir	nistration Use Only:			· · · · · · · · · · · · · · · · · · ·	
Approved	Mall		1/5/2		
Superinten	dent or Designee Signati	ire	'Date"		



School_SHS	Today's Date 11/1/11
Individuals/Group Involved BOUS SW	Number of Students that
Activity WIAA State	Boys Swim Meet
Destination Federal Wou	1, WA
Departure Date 416/23	Return Date 2/18/123
Accommodations:	
Source of Revenue: 9thletics	
Fundraising Activities	
Individual Student Cost	Total Group Cost_\$2,700
How was this activity/trip available to any interested	and/or eligible student(s) over tryout
How was this trip promoted to all interested/eligible	and/or eligible student(s) gentyout students? pussetu, TVs, et C
Will any student(s) be excluded from this trip due to	
Insurance (special coverages)	
Purpose of Trip (include the educational value) (WIAA STATE LEVA	compete at
Has this trip been previously taken? LS If	yes, when? 2022
List of chaperones and students MUST be attach if students of each gender are attending.)	ed to this form. (Chaperones must be of each gender
1. Additional information needed: 2. Insurance coverage to be arranged through the insuran 3. Parent permission and medical authorization forms go 4. All district employees need to submit a travel request 5. Notify the school nurse. **Signature of Initiator**	to the principal.
For Administration Use Only:	
Board approval needed. Will be submitted on Approved Superintendint of Designee Signature	Date 1/5/27 05/2022



School SHS Today's Date 12/1/22
Individuals/Group Involved SHS Gir IS B-bal Number of Students 12-15
Activity WIAA State Basketball
Destination Tacoma, WA
Departure Date 2/18/13 Return Date 3/4/23
Accommodations:
Source of Revenue: Athletics
Fundraising Activities
Individual Student Cost Total Group Cost \$7,000
How was this activity/trip available to any interested and/or eligible student(s) open type
How was this trip promoted to all interested/eligible students? <u>newsletter, TVs, etc</u>
Will any student(s) be excluded from this trip due to the inability to pay?
Insurance (special coverages)
Purpose of Trip (include the educational value) Complete at WIAA State Well completition
Has this trip been previously taken? If yes, when? 2022
List of chaperones and students MUST be attached to this form. (Chaperones must be of each gender if students of each gender are attending.)
1. Additional information needed:
 Insurance coverage to be arranged through the insurance office. Parent permission and medical authorization forms go to the principal.
4. All district employees need to submit a travel request form.
5. Notify the school nurse.
2000 (J.O. 1 60 60 50)
Signature of Initiator Signature of Building Principal
For Administration Use Only:
Board approval needed. Will be submitted on
Superintend int or Designée Signature Date 05/2022



School SHS	Today's Date 12/1/22
Individuals/Group Involved_Boys_ba	
Activity WIAA Start Bas	
Destination Tacoma, WA	
Departure Date 2/18/13	Return Date
Accommodations:	
Source of Revenue: Athutic	5
Fundraising Activities	
Individual Student Cost	Total Group Cost \$7,200
	ested and/or eligible student(s) Open twovt
How was this trip promoted to all interested/elig	
Will any student(s) be excluded from this trip do	ne to the inability to pay?
Insurance (special coverages)	
Purpose of Trip (include the educational value)_ Competition.	Compete at State
Has this trip been previously taken?	If yes, when? 2018
List of chaperones and students MUST be att if students of each gender are attending.)	ached to this form. (Chaperones must be of each gender
 Additional information needed: Insurance coverage to be arranged through the ins Parent permission and medical authorization form All district employees need to submit a travel req Notify the school nurse. Signature of Initiator	s go to the principal.
For Administration Use Only: Board approval feeded. Will be submitted on Approved Superintendent of Designee Signature	1/5/23 Date 05/2022



School SHS Today's Date 12/11	12
Individuals/Group Involved Chew Number of Students 12	
Activity WIAA State Basketball	
Destination Tacoma, WA	
Departure Date 2/28/23 Return Date 3/4/23	
Accommodations:	
Source of Revenue: Athletic.S	
Fundraising Activities	
Individual Student Cost	600
How was this activity/trip available to any interested and/or eligible student(s)	tryout
How was this trip promoted to all interested/eligible students? <u>news(effect)</u>	Tys, etc.
Will any student(s) be excluded from this trip due to the inability to pay?	
Insurance (special coverages)	
Purpose of Trip (include the educational value) Cheer Squad To Support basketball and promote Spirit at WIAA State Tournament.	<u> </u>
Has this trip been previously taken? If yes, when?	
List of chaperones and students MUST be attached to this form. (Chaperones must be of if students of each gender are attending.)	each gender
 Additional information needed: Insurance coverage to be arranged through the insurance office. Parent permission and medical authorization forms go to the principal. All district employees need to submit a travel request form. Notify the school nurse. Signature of Initiator Signature of Building Principal)
For Administration Use Only: **Board approval feeded. Will be submitted on	05/2022