



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.



NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION
(To be completed by Teacher/Advisor)

School Stanwood HS Today's Date 9/21/22

Individuals/Group Involved SHS Band Members Number of Students ≈ 40

Activity Band Tour to Anaheim, CA/Disneyland

Destination 11 ↑

Departure Date 4/20/23 Return Date 4/23/23

Accommodations: Hotel TBD by Tour Company

Source of Revenue: Multiple Band Booster 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 @ Disneyland by Disney Music Faculty. Recording session on disney property w/ live cartoon feed.

Has this trip been previously taken? ✓ If yes, when? Spring of 2015 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.) registration closes Oct. 1st

- _____ 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 a travel request form.
- _____ 5. Notify school nurse.

[Signature]
Signature of Initiator

[Signature]
Signature of Building Principal

For Administration Use Only:

X Board approval needed. Will be submitted on _____
Approved

[Signature]
Superintendent or Designee Signature

1/6/23
Date

NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION

(To be completed by Teacher/Advisor)

School Stanwood High School Today's Date 1/3/2023
Individuals/Group Involved Poultry Evaluation Team Number of Students 7
Activity Poultry CDE Clinic
Destination Kennewick
Departure Date 1/27/2023 Return Date 1/28/2023
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 nurse.

Signature of Initiator

Signature of Building Principal

For Administration Use Only:

Board Approval needed. Will be submitted on _____
_____ Approved

Superintendent or Designee Signature

1/6/23
Date



NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION (To be completed by Teacher/Advisor)

School SHS Today's Date 12/1/22

Individuals/Group Involved Girls Wrestling Number of Students tbd

Activity WIAA State Level Tournament

Destination Tacoma, WA

Departure Date 2/14/23 Return Date 2/18/23

Accommodations: _____

Source of Revenue: Athletics

Fundraising Activities -

Individual Student Cost 0 Total Group Cost \$1,200

How was this activity/trip available to any interested and/or eligible student(s) Open tryout

How was this trip promoted to all interested/eligible students? newsletter, TVs, etc.

Will any student(s) be excluded from this trip due to the inability to pay? no

Insurance (special coverages) -

Purpose of Trip (include the educational value) Compete at WIAA State level Competition.

Has this trip been previously taken? Yes 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: _____
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] Signature of Initiator [Signature] Signature of Building Principal

For Administration Use Only:

Board approval needed. Will be submitted on _____

Approved [Signature]

Superintendent of Designee Signature

1/5/23
Date



NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION (To be completed by Teacher/Advisor)

School SHS Today's Date 12/1/22

Individuals/Group Involved Boys Wrestling Number of Students tbd

Activity WIAA State Wrestling

Destination Tacoma, WA

Departure Date 2/16/23 Return Date 2/18/23

Accommodations: _____

Source of Revenue: Athletics

Fundraising Activities -

Individual Student Cost 0 Total Group Cost \$2,400

How was this activity/trip available to any interested and/or eligible student(s) open tryout

How was this trip promoted to all interested/eligible students? newsletter, TVs, etc.

Will any student(s) be excluded from this trip due to the inability to pay? NO

Insurance (special coverages) -

Purpose of Trip (include the educational value) Complete at WIAA State level competition.

Has this trip been previously taken? Yes 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: _____
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] Signature of Initiator [Signature] Signature of Building Principal

For Administration Use Only:

Board approval needed. Will be submitted on _____
 Approved [Signature]
 Superintendent or Designee Signature _____ Date 1/5/22



NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION
(To be completed by Teacher/Advisor)

School SHS Today's Date 12/1/22

Individuals/Group Involved Boys Swim Number of Students td

Activity WIAA State Boys Swim Meet

Destination Federal way, WA

Departure Date 2/16/23 Return Date 2/18/23

Accommodations: _____

Source of Revenue: Athletics

Fundraising Activities —

Individual Student Cost 0 Total Group Cost \$2,700

How was this activity/trip available to any interested and/or eligible student(s) open tryout

How was this trip promoted to all interested/eligible students? newsletter, TVs, etc

Will any student(s) be excluded from this trip due to the inability to pay? no

Insurance (special coverages) —

Purpose of Trip (include the educational value) Compete at WIAA State level competition.

Has this trip been previously taken? Yes 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: _____
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] Signature of Initiator [Signature] Signature of Building Principal

For Administration Use Only:

Board approval needed. Will be submitted on _____
Approved

[Signature] Superintendent or Designee Signature Date 1/5/23



NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION (To be completed by Teacher/Advisor)

School SHS Today's Date 12/1/22

Individuals/Group Involved SHS Girls B-ball Number of Students 12-15

Activity WIAA State Basketball

Destination Tacoma, WA

Departure Date 2/28/23 Return Date 3/4/23

Accommodations: _____

Source of Revenue: Athletics

Fundraising Activities -

Individual Student Cost 0 Total Group Cost \$7,000

How was this activity/trip available to any interested and/or eligible student(s) open tryout

How was this trip promoted to all interested/eligible students? newsletter, TVs, etc.

Will any student(s) be excluded from this trip due to the inability to pay? no

Insurance (special coverages) -

Purpose of Trip (include the educational value) Complete at WIAA State level competition

Has this trip been previously taken? yes 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: _____
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] Signature of Initiator [Signature] Signature of Building Principal

For Administration Use Only:

Board approval needed. Will be submitted on _____

Approved [Signature] Superintendent or Designee Signature 1/5/23 Date



NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION (To be completed by Teacher/Advisor)

School SHS Today's Date 12/1/22

Individuals/Group Involved Boys Basketball Number of Students 12-15

Activity WIAA State Basketball

Destination Tacoma, WA

Departure Date 2/28/23 Return Date 3/4/23

Accommodations: _____

Source of Revenue: Athletics

Fundraising Activities -

Individual Student Cost 0 Total Group Cost \$7,200

How was this activity/trip available to any interested and/or eligible student(s) open tryout

How was this trip promoted to all interested/eligible students? newsletter, TV's, etc.

Will any student(s) be excluded from this trip due to the inability to pay? no

Insurance (special coverages) -

Purpose of Trip (include the educational value) Compete at State Competition.

Has this trip been previously taken? yes If yes, when? 2018

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.

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Approved _____

Superintendent or Designee Signature [Signature] Date 1/5/23



NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION (To be completed by Teacher/Advisor)

School SHS Today's Date 12/1/22

Individuals/Group Involved Cheer Number of Students 12-15

Activity WIAA State Basketball

Destination Tacoma, WA

Departure Date 2/28/23 Return Date 3/4/23

Accommodations: _____

Source of Revenue: Athletics

Fundraising Activities —

Individual Student Cost 0 Total Group Cost \$4,600

How was this activity/trip available to any interested and/or eligible student(s) open tryout

How was this trip promoted to all interested/eligible students? newsletter, TVs, etc.

Will any student(s) be excluded from this trip due to the inability to pay? NO

Insurance (special coverages) —

Purpose of Trip (include the educational value) Cheer Squad to support basketball and promote spirit at WIAA State Tournament.

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: _____
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] Signature of Initiator [Signature] Signature of Building Principal

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 Approved

[Signature] Superintendent or Designee Signature 1/6/23 Date