

**INDEPENDENT SCHOOL DISTRICT 659
SPECIAL SCHOOL BOARD MEETING**

Monday, December 16, 2019 7:05 p.m.
Northfield High School, Media Center

AGENDA

- I. Call to Order
- II. Agenda Approval/Table File
- III. Public Comment
- IV. Consent Agenda
 - A. Co-Curricular Overnight Trips for 2019-2020
- V. Adjournment

**NORTHFIELD PUBLIC SCHOOLS
MEMORANDUM**

Monday, December 16, 2019, 7:05 p.m.
Northfield High School Media Center

TO: Members of the Board of Education

FROM: Matthew Hillmann, Ed.D., Superintendent

RE: Explanation of Agenda Items for Monday, December 16, 2019, Special School Board Meeting

I. Call to Order

II. Agenda Approval/Table File

III. Public Comment

This is an opportunity for residents of the Northfield School District to address the Board. You are requested to do so from the podium. After being recognized by the chair, each individual will identify themselves and the group they represent, if any. Please state your reason for addressing the Board. To ensure that all individuals have a chance to speak, speakers will be limited to one three-minute presentation. This is not a time to debate an issue, but for the Board to hear your comments. The Minnesota Government Data Practices Act prohibits comment about specific student matters, even without naming the student, in open session. This includes the public comment portion of our meeting. The Board respects and values input on student matters, but when it relates to a specific student or to a specific student matter, such input must be heard by the appropriate personnel - such as the building principal or superintendent - and not during an open meeting of the School Board.

IV. Consent Agenda

A. Co-Curricular Overnight Trips for 2019-2020

Director of Student Activities Joel Olson has provided the enclosed co-curricular overnight trips for the 2019-2020 school year. Mr. Olson is requesting School Board approval.

V. Adjournment



Northfield Public Schools
Northfield, MN

EXTENDED FIELD TRIP FORM

Staff Member(s) Responsible (Name and phone): Geoff Staab 612-501-2765

School and Program: NHS Wrestling

Date of Requested Trip: 12/26/2019-12/28/2019

1. What group is taking this trip?

Estimated # of Students: 40

Adult Supervisors: Geoff Staab, Mark Mercurio, Adam Murphy, Beau Hayes, Jeremy Mork, Chad Johnson

2. Destination: Fargo ND

Date/Time of Departure: 9:00 am 12/26/2019

Date/Time of Return: 10:00 pm 12/28/2019

3. State purpose and/or educational value of trip (attach information to form if needed).
Wrestling Tournament

4. Name the manner of travel and the carrier.
Coach Bus

5. State housing arrangements (must include name, address and phone number of hotel).
Holiday Inn and Suites, West Acres Fargo, ND

6. List of coach, parent or guardian contact info.
Geoff Staab: 612-501-2765

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

Anderson, Gavin
Barron, Jayce
Ertz, Quinn
Gavere, Aireanna
Gorr, Brody

Gorr, Nick
Holman, Jack
Holman, Sam
Johnson, Ethan
Kuyper, Darrin
Lopez, Nick
Messner, Jake
Mikula, Nick
Murphy, Beau
Murphy, Chase
Murphy, Owen
Oleary, John
Olson, Todd
Pagel, Mason
Perez Long, Alexander
Rodriguez Vazquez, Johann
Rosas Arenas,, Mariana
Schiller, Kane
Seeley, Carter
Tonjum, David
Torres Perez, Ruben
Unah, Ayanti
Williams, Andrew
Woodley, Drew

8. Indicate who will be in charge of supervising the trip (roles and responsibilities).
 Geoff Staab-Wrestlers
 Dana Kuyper- Food
9. State the safety precautions and procedures for emergencies while on the trip.
 They have trained medical staff at the tournament for emergencies.
11. Give budget costs, how trip will be funded and estimated cost per student.
 Booster pays for Hotels, food and some of Bus in years past
12. List any proposed precautions, special needs, special concerns, student concerns, - if applicable.
 None

Signature of Staff Member Responsible: Geoff Staab

Date field trip request was submitted to Principal:

Principal/Administrator Signature and Date:

Approved: Joel Olson

Not Approved:

Superintendent Signature and Date:

Approved:

Not Approved:

School Board Review Date:

Approved:

Not Approved:



Northfield Public Schools
Northfield, MN

EXTENDED FIELD TRIP FORM

Staff Member(s) Responsible (Name and phone): Geoff Staab 612-501-2765

School and Program: NHS Wrestling

Date of Requested Trip: Jan 3, 2020-Jan 4, 2020

1. What group is taking this trip?

Estimated # of Students: 40

Adult Supervisors: Geoff Staab, Mark Mercurio, Adam Murphy, Beau Hayes, Jeremy Mork, Chad Johnson

2. Destination: Rochester, MN

Date/Time of Departure: 9:00 am 1/3/20

Date/Time of Return: 10:00 pm 1/4/20

3. State purpose and/or educational value of the trip (attach information to form if needed).
Wrestling Tournament

4. Name the manner of travel and the carrier.
Coach Bus

5. State housing arrangements (must include name, address and phone number of hotel).
Country Inn and Suites South. 77 Woodlake Dr. Rochester, MN. 507-287-6758

6. List of coach, parent or guardian contact info.
Geoff Staab: 612-501-2765

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

Anderson, Gavin
Barron, Jayce
Ertz, Quinn
Gavere, Aireanna
Gorr, Brody

Gorr, Nick
Holman, Jack
Holman, Sam
Johnson, Ethan
Kuyper, Darrin
Lopez, Nick
Messner, Jake
Mikula, Nick
Murphy, Beau
Murphy, Chase
Murphy, Owen
Oleary, John
Olson, Todd
Pagel, Mason
Perez Long, Alexander
Rodriguez Vazquez, Johann
Rosas Arenas,, Mariana
Schiller, Kane
Seeley, Carter
Tonjum, David
Torres Perez, Ruben
Unah, Ayanti
Williams, Andrew
Woodley, Drew
Mason Edstrem

8. Indicate who will be in charge of supervising the trip (roles and responsibilities).
Geoff Staab- Wrestlers
Dana Kuyper- Food
9. State the safety precautions and procedures for emergencies while on the trip.
They have trained medical staff at the tournament for emergencies.
11. Give budget costs, how trip will be funded and estimated cost per student.
Booster pays for Hotels, food and some of Bus in years past
12. List any proposed precautions, special needs, special concerns, student concerns, - if applicable.
None

Signature of Staff Member Responsible: Geoff Staab

Date field trip request was submitted to Principal:

Principal/Administrator Signature and Date: 12/12/19

Approved: Joel Olson

Not Approved:

Superintendent Signature and Date:

Approved:

Not Approved:

School Board Review Date:

Approved:

Not Approved: