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## MEMORANDUM

**TO:** Board of Directors  
**DATE:** July 3, 2018  
**FROM:** Jean Shumate  
**RE:** Stanwood High School Percussion Studio Field Trip  
**TYPE:** Action Required

The Stanwood High School percussion students request to attend the Central Washington University Sounds of Summer Percussion Camp, July 20 through July 21, 2018, in Ellensburg. Students will be training for skill improvement and preparing for the 2018-19 marching percussion section with the band. Approximately fourteen (14) students plan to participate in the percussion camp.

**RECOMMENDATION:**

*That the Board approves the Stanwood High School Percussion Studio to attend the Central Washington University Summer Percussion Camp, July 20-21, 2018, in Ellensburg.*

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SEASIDE

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

School Stanwood HS Today's Date 6/12/18

Individuals/Group Involved SHS Percussion Studio Number of Students 14

Activity CWU Sounds of Summer Percussion Camp

Destination Central Washington University; Ellensburg WA

Departure Date 7/20/18 Return Date 7/21/18

Accommodations: CWU Dorms

Source of Revenue: —

Fundraising Activities —

Individual Student Cost \$ 115.00 Total Group Cost —

Insurance (special coverages) —

Purpose of Trip (include educational value) Training for the 2018 Marching Percussion Section

Has this trip been previously taken? Yes If yes, when? 2017, 2016, 2015, 2014, 2013, etc.

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 principal.
- 4. All district employees need to submit a 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 July 3, 2018  
 Approved

Superintendent or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_