

South Pasadena Unified School District

Board Approved Trips: Overnight, Out-of-State, Airplane, Special Conditions

Instructions: Use this form when an instructional /athletic trip needs to be Board approved - trips which involve staying overnight, going out of state, being transported by airplane, or other special conditions not usually seen in daily trips.

Organization/Group Key Club School South Pasadena H.S. Grade _____
 Teacher/Requestor Liz DeLacy Date of Trip 4/8/16 Day Friday-Sun
(Print)
 DESTINATION: DCON, Sacramento

PLEASE STATE INSTRUCTIONAL STANDARDS AND/OR PURPOSE OF TRIP

Trip is a convention for Key Club

Teacher Substitute Required (List Dates Needed) No

Bus provided by San Maxim Key Club **TRANSPORTATION BY**

Bus Car _____ Airplane _____ Other (Specify) _____

Bus Company Pacific Coachways No. of Buses 1 Est. Number of Miles 700

Contact Person _____ Phone _____

Number of: Students 2 Staff 1 Parents/Volunteers 0 Total # Passengers 3

Account Name Key Club Account # /Group to be billed 230-280-00 Total Cost/student \$187.50

Names of Teacher(s) Other Adult(s) Accompanying Students	Print on File	Over 21 Yrs. Old
1 <u>Liz DeLacy</u> Title: <u>Math Teacher/Key Club Advisor</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 _____ Title: _____	<input type="checkbox"/>	<input type="checkbox"/>
3 _____ Title: _____	<input type="checkbox"/>	<input type="checkbox"/>
4 _____ Title: _____	<input type="checkbox"/>	<input type="checkbox"/>

(Attach additional listing of chaperones if necessary.) (check box)

TIME SCHEDULE

Bus Arrival at Site 5:00 am/pm, Departure from Site 6:00 am/pm, Destination Arrival 12 am/pm
 Departure from Destination _____ am/pm Return time to Site 8 am/pm

PICK-UP AND DELIVERY POINTS

Pick-Up/School SPMS Specific Address 1500 Fair Oaks Ave, South Pasadena
 Unloading Location Holiday Inn Express Specific Address 728 Sixteenth St., Sacramento
 Stopping for meals Yes No _____ Lunch provided by Food Service _____ Student

APPROVAL

Teacher/Requestor Approval Liz DeLacy Date 3/18/2016
 Principal Approval [Signature] Date 3/22/16
 Authorization/ Approval [Signature] Date 4/5/16
(Assistant Superintendent of Instruction)

Board Approval _____ Superintendent's Signature _____ Date _____
(Date)

Distribution Copies to: Originator (Teacher), Site Secretary, Food Services, AP Technician (if bus ordered)

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ADDENDUM

SPUSD Staff Person in Charge: Liz DeLay

Staff Person's Direct Phone Number: _____

Please answer the following questions and forward along with the original SPUSD Board Approved Trips, FORM 2

1. In accordance with Education Code 35331, all persons on the field trip have accident/medical insurance coverage. Check one: YES _____ NO _____

2. Has this trip been taken before in SPUSD? Check one: YES NO _____

3. If substitutes are required, which resource will cover costs?

None needed

4. What arrangements have been made for students to makeup any homework and/or assessments? If n/a, please indicate reason.

N/A weekend Springbreak trip

5. What arrangements have been made for students who cannot afford the trip's costs?

They aren't going in (or kewanis could cover)

6. What is the contact information for the accommodations, e.g. hotel, university, camp, etc.?

Name of sleeping location: Holiday Inn Express Sacramento

Phone number: _____

APPROVALS

Teacher/Requestor: Elpidio N. DeLay Date: 3/18/2016

Principal: [Signature] Date: 4/5/16

Asst. Supl. of Instruction: [Signature] Date: 4/5/16

Superintendent: _____ Date: _____