

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 Coding Club School SPHS Grade 9-12
 Teacher/Requestor Garrett Shorr Date of Trip 05 / 21-22 / 2016 Day Sat-Sun
 (Print)

DESTINATION: TBA

PLEASE STATE INSTRUCTIONAL STANDARDS AND/OR PURPOSE OF TRIP

Students collaborate on coding projects over a 24 hour period, and practice their presentation skills as they show off their completed work Sunday morning.

Teacher Substitute Required (List Dates Needed) N/A

TRANSPORTATION BY

Bus _____ Car _____ Airplane _____ Other (Specify) Parents drive own students
 Bus Company _____ No. of Buses _____ Est. Number of Miles _____
 Contact Person _____ Phone _____
 Number of: Students 20-40 Staff 1 Parents/Volunteers _____ Total # Passengers _____
 Account Name _____ Account # /Group to be billed _____ Total Cost/student \$20

Names of Teacher(s) Other Adult(s) Accompanying Students

1 Garrett Shorr	Title: <u>Teacher</u>
2	Title: _____
3	Title: _____
4	Title: _____

Print on File	Over 21 yrs. Old
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

(Attach additional listing of chaperones if necessary.)

(check box)

TIME SCHEDULE

Bus Arrival at Site _____ am/pm, Departure from Site _____ am/pm, Destination Arrival 11:30 am/pm
 Departure from Destination _____ am/pm, Return time to Site 1:00 am/pm

PICK-UP AND DELIVERY POINTS

Pick-Up/School _____ Specific Address _____
 Unloading Location _____ Specific Address _____
 Stopping for meals Yes _____ No _____ Lunch provided by Food Service _____ Student _____

APPROVAL

Teacher/Requestor Approval [Signature] Date 2016-04-26
 Principal Approval [Signature] Date 4/27/16
 Authorization/ Approval [Signature] Date 4/28/16
 (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)

FORM 2
Rev 12/2008

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Special Conditions

ADDENDUM

SPUSD Staff Person in Charge: Garrett Shorr

Staff Person's Direct Phone Number. _____

X2417

*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?

N/A

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

n/a--happening on a weekend

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

Coding club can subsidize students who have financial hardship.

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

Name of sleeping location: TBA -- will fill addendum when the location is announced.

Phone number: _____

APPROVALS

Teacher/Requestor: _____

Date: 2016-04-26

Principal: _____

Date: 4/27/16

Asst. Supt. of Instruction: _____

Date: 4/28/16

Superintendent: _____

Date: _____