

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 Academic Decathlon School SPHS Grade 9-12
 Teacher/Requestor Oliver Valcorza (Print) Date of Trip 4/27/16 Day Tues - Mon
 DESTINATION: Anchorage Alaska to 5/1/16

PLEASE STATE INSTRUCTIONAL STANDARDS AND/OR PURPOSE OF TRIP

To compete in the National Tournament of USAAD

Teacher Substitute Required (List Dates Needed) _____

TRANSPORTATION BY

Bus _____ Car Airplane Other (Specify) car ride to BUR provided by student's parents
 Bus Company _____ No. of Buses _____ Est. Number of Miles _____
 Contact Person _____ Phone _____

Number of: Students 2 Staff 2 Parents/Volunteers _____ Total # Passengers _____

Account Name _____ Account # /Group to be billed _____ Total Cost/student 0

Principal's Discretionary
01.0-90250.0-111 00-10000-5220-200000

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

	Print on File	Over 21 yrs. Old
1 <u>Oliver Valcorza</u> Title: <u>Director</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 <u>John Dullaghan</u> Title: <u>Assistant Coach</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3 _____ Title: _____	<input type="checkbox"/>	<input type="checkbox"/>
4 _____ Title: _____	<input type="checkbox"/>	<input type="checkbox"/>

(check box)

(Attach additional listing of chaperones if necessary.)

TIME SCHEDULE

Bus Arrival at Site _____ am/pm, Departure from Site _____ am/pm, Destination Arrival _____ am/pm
 Departure from Destination _____ am/pm, Return time to Site _____ 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 Oliver Valcorza Date 4/16/16
 Principal Approval [Signature] Date 4/16/16
 Authorization/ Approval [Signature] (Assistant Superintendent of Instruction) Date 4/12/16

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: Oliver Valcorza

Staff Person's Direct Phone Number: X2124

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 X NO

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

3. If substitutes are required, which resource will cover costs? General Funds / Club funds from SPEF

4. What arrangements have been made for students to makeup any homework and/or assessments? If n/a, please indicate reason. Students are responsible for checking-in w/ their teachers and making up any assignments missed due to this trip.

5. What arrangements have been made for students who cannot afford the trip's costs? N/A - trip is funded through a grant from the principal's discretionary funds

6. What is the contact information for the accommodations, e.g. hotel, university, camp, etc.? Name of sleeping location: Hilton Hotel in Anchorage, AK Phone number: 907 272 7411

APPROVALS

Teacher/Requestor: Valcorza Date: 4/6/16

Principal: [Signature] Date: 4/6/16

Asst. Supt. of Instruction: [Signature] Date: 4/12/16

Superintendent: _____ Date: _____