

# 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 SkillsUSA School SPHS Grade 9-12

Teacher/Requestor Sandra Matson-Fennell (Print) Date of Trip 6/20/16 6/25/16 Day Mon-Sat

DESTINATION: Horseshoe Southern Indiana, 11999 Casino Center Drive, Elizabeth, In 47117

### PLEASE STATE INSTRUCTIONAL STANDARDS AND/OR PURPOSE OF TRIP

SkillsUSA National Leadership and Skills Competition, Louisville, Kentucky

Teacher Substitute Required (List Dates Needed) 6/20-6/24

### TRANSPORTATION BY

Bus \_\_\_\_\_ Car<sup>X</sup> \_\_\_\_\_ Airplane<sup>X</sup> \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Bus Company \_\_\_\_\_ No. of Buses \_\_\_\_\_ Est. Number of Miles 50.6 rt

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Number of: Students 16 Staff 3 Parents/Volunteers \_\_\_\_\_ Total # Passengers 19

Account Name Perkins Account # /Group to be billed \_\_\_\_\_ Total Cost/student \$1100.00

Skills USA \_\_\_\_\_ 230-487-00  
CTE \_\_\_\_\_ 010-96352.0-71100-1000-

Names of Teacher(s) Other Adult(s) Accompanying Students 5226-2020230

1 Sandra Matson-Fennell Title: CTE TEACHER

2 Garrett Schorr Title: TEACHER

3 Cathy Mason or Mike Hogan Title: CTE TEACHERS

4 Title: \_\_\_\_\_

Print on File	Over 21 yrs. Old
X	X
X	X
X	X

(Attach additional listing of chaperones if necessary.)

(check box)

### TIME SCHEDULE

Bus Arrival at Site tba am/pm, Departure from Site tba am/pm, Destination Arrival \_\_\_\_\_ am/pm

Departure from Destination tba am/pm, Return time to Site tba am/pm

### PICK-UP AND DELIVERY POINTS

Pick-Up/School SPHS Specific Address Diamond Avenue in front of gym

Unloading Location LAX Specific Address 1 World Way, Los Angeles, California

Stopping for meals Yes \_\_\_\_\_ No<sup>X</sup> Lunch provided by Food Service \_\_\_\_\_ Student \_\_\_\_\_

### APPROVAL

Teacher/Requestor Approval Sandra Matson-Fennell Date 4/11/16

Principal Approval Janet Wicher Date 4/11/16

Authorization/ Approval Chris CNA (Assistant Superintendent of Instruction) Date 4/14/16

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: Sandra Matson-Fennell

Staff Person's Direct Phone Number X2613

*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<sup>X</sup> \_\_\_\_\_ NO \_\_\_\_\_

2. Has this trip been taken before in SPUSD? Check one: YES<sup>X</sup> \_\_\_\_\_ NO \_\_\_\_\_

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

SPEF

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

This trip is during summer

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

PIASC grants, Principal's grant, fundraising, Chapter Funds

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

Name of sleeping location: Horseshoe Southern Indiana

Phone number: (866) 676-7463

APPROVALS

Teacher/Requestor: Sandra Matson-Fennell Date: 4/11/14

Principal: Janet Wichman Date: 4/11/14

Asst. Supt. of Instruction: C. M. A. Date: 4/14/14

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_