

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 10-12
 Teacher/Requestor Oliver Valcorza (Print) Date of Trip 3/18/17 Day Sat.-Sun

DESTINATION: San Clemente Study Retreat

PLEASE STATE INSTRUCTIONAL STANDARDS AND/OR PURPOSE OF TRIP

To prepare for the state tournament of Academic Decathlon

Teacher Substitute Required (List Dates Needed) _____

TRANSPORTATION BY

Bus _____ Car X Airplane _____ Other (Specify) individual parents will drive own child
 Bus Company _____ No. of Buses _____ Est. Number of Miles _____
 Contact Person _____ Phone _____
 Number of: Students 9 Staff 2 Parents/Volunteers _____ Total # Passengers 11
 Account Name _____ Account # /Group to be billed _____ Total Cost/student \$125.00

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

			Print on File	Over 21 yrs. Old
1	<u>Oliver Valcorza</u> Title: <u>Teacher / Director</u>		✓	✓
2	<u>Matthew Brydon</u> Title: <u>Assistant Coach</u>		✓	
3	Title: _____			
4	Title: _____			

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

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 2/24/17
 Principal Approval [Signature] Date 3/2/17
 Authorization/ Approval [Signature] (Assistant Superintendent of Instruction) Date 3/2/17

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: Mr. Oliver Valcorza

Staff Person's Direct Phone Number: 626 441-5820 X 2124

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 (site)

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 communicating with all their teachers and completing all missed assignments

5. What arrangements have been made for students who cannot afford the trip's costs? Fund-raising through BINGO, Comedy Night, etc.

6. What is the contact information for the accommodations, e.g. hotel, university, camp, etc.? Name of sleeping location: 160 Avenida Granada, San Clemente, CA (HOMEAWAY RENTAL) Phone number: 1-800-408-1822

APPROVALS

Teacher/Requestor: Valcorza Date: 2/13/17

Principal: Anderson Date: 2/22/17

Asst. Supt. of Instruction: Garcia Date: 3/2/17

Superintendent: Date: