

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. - Feb

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>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 <u>Matthew Bregdon</u> Title: <u>Assistant Coach</u>	<input checked="" 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 _____ 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)

FORM 2
Rev 12/2008

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Special Conditions

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 ☒ NO ☐

2. Has this trip been taken before in SPUSD? Check one: YES ☒ 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: J. Anderson

Date: 2/22/17

Asst. Supt. of Instruction: an ca

Date: 3/2/17

Superintendent: _____

Date: _____