

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 Virtual Business School SPHS Grade 11-12
 Teacher/Requestor Mason (Print) Date of Trip 3/26/17 Day Sun & Mon
 & 3/27/17
 DESTINATION: Bay Area Trade Fair & Conference

PLEASE STATE INSTRUCTIONAL STANDARDS AND/OR PURPOSE OF TRIP

Students will compete with 100 other schools at the Bay Area Trade Fair, in both team & individual competitions, and attend business workshops.

Teacher Substitute Required (List Dates Needed) 3/27/17 - Monday

TRANSPORTATION BY

Bus X Car _____ Airplane _____ Other (Specify) _____

Bus Company Roadrunner No. of Buses 1 Est. Number of Miles 300

Contact Person _____ Phone _____

Number of: Students 56 Staff 4 Parents/Volunteers _____ Total # Passengers 36

Account Name CTE Account # /Group to be billed 010-963520-71100 Total Cost/student 50.00
10000 - 5220 - 2000230

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

	Print on File	Over 21 yrs. Old
1 <u>Cathy Mason</u> Title: <u>CTE Teacher, SPHS</u>	<u>X</u>	<u>X</u>
2 <u>Mike Hogan</u> Title: <u>CTE Teacher, SPHS</u>	<u>X</u>	<u>X</u>
3 <u>Sandra Matson-Fennell</u> Title: <u>CTE Teacher, SPHS</u>	<u>X</u>	<u>X</u>
4 <u>Gerrert Sherr</u> Title: <u>Comp Sci Teacher, SPHS</u>	<u>X</u>	<u>X</u>

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

TIME SCHEDULE

Bus Arrival at Site 12:05 am/pm, Departure from Site 12:30 am/pm, Destination Arrival 7:30 am/pm
 Departure from Destination 2:00 am/pm, Return time to Site 9:00 am/pm

PICK-UP AND DELIVERY POINTS

Pick-Up/School SPHS Specific Address 1401 Fremont Ave., South Pasadena 91030
 Unloading Location Waterfront Hotel Specific Address 10 Washington St., Oakland, CA 94607
 Stopping for meals Yes X No _____ Lunch provided by Food Service _____ Student X

APPROVAL

Teacher/Requestor Approval C. Mason Date 12/6/16
 Principal Approval Paul Anderson Date 12/6/16
 Authorization/ Approval CLM Date 12/6/16
 (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

