

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 Yosemite Institute School SPHS Grade 12
 Teacher/Requestor Casey Shotwell Date of Trip 05 /21-26/17 Day _____
(Print)
 DESTINATION: Yosemite National Park

PLEASE STATE INSTRUCTIONAL STANDARDS AND/OR PURPOSE OF TRIP

Environmental awareness/understanding

Teacher Substitute Required (List Dates Needed) 5/22-5/26/17

TRANSPORTATION BY

Bus Car _____ Airplane _____ Other (Specify) Van
 Bus Company Fast Deer Bus Charter, Inc. No. of Buses 1 Est. Number of Miles 650
 Contact Person Eddie Wong Phone 323-266-6388
 Number of: Students 60 Staff 5 Parents/Volunteers 0 Total # Passengers 65
 Account Name Yosemite Institut Account # /Group to be billed 230-300-00 Total Cost/student \$805

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

| | Print on File | Over 21 yrs. Old |
|---|---------------|------------------|
| 1 Casey Shotwell (Teacher) Title: _____ | X | X |
| 2 Joshua Whitney (Teacher) Title: _____ | X | X |
| 3 Don Wielenga (Teacher) Title: _____ | X | X |
| 4 Shane Mills (Teacher) 5. Trang Huynh (Teacher) Title: _____ | X | X |

(check box)

(Attach additional listing of chaperones if necessary.)

TIME SCHEDULE

Bus Arrival at Site 5:00am am/pm, Departure from Site 5:30am am/pm, Destination Arrival _____ am/pm
 Departure from Destination 11:00am am/pm, Return time to Site 6:00pm am/pm

PICK-UP AND DELIVERY POINTS

Pick-Up/School SPHS Specific Address Diamond Ave. (in front of gym)
 Unloading Location _____ Specific Address _____
 Stopping for meals Yes No _____ Lunch provided by Food Service _____ Student

APPROVAL

Teacher/Requestor Approval Casey Shotwell Date 12/15/16
 Principal Approval Scott Anderson Date 12/5/16
 Authorization/ Approval [Signature] Date 12/14/16
(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)

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ADDENDUM

SPUSD Staff Person in Charge: Casey Shattwell
Staff Person's Direct Phone Number: 626-441-5820 x2970

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 [checked] NO

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

District approved

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

Students are instructed to complete as much as they can before leaving and then to make arrangements to complete the rest upon return. Lists of the students are distributed to the teaching staff so that they may communicate any concerns.

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

We have applied for and received scholarship money from Nature Bridge, the organization that organizes the trip. We also work hard to help keep costs down.

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

Name of sleeping location: Curry Village, the back country and Wawona
Phone number: 209-379-9511 The Day Adventist camp.
(Culture Bridge office)

APPROVALS

Teacher/Requestor: Casey Shattwell Date: 12/9/16
Principal: Anderson Date: 12/12/16
Asst. Supt. of Instruction: [signature] Date: 12/14/16
Superintendent: _____ Date: _____