

# 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 3/22-27/17 Day Wed-Mon  
DESTINATION: Sacramento, CA

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

To compete at the state tournament of Academic Decathlon

Teacher Substitute Required (List Dates Needed) \_\_\_\_\_

### TRANSPORTATION BY

Bus \_\_\_\_\_ Car \_\_\_\_\_ Airplane X Other (Specify) X (Van Rental)  
Bus Company \_\_\_\_\_ No. of Buses \_\_\_\_\_ Est. Number of Miles \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Number of: Students 12 Staff 1 Parents/Volunteers 0 Total # Passengers 13  
Account Name \_\_\_\_\_ Account # /Group to be billed \_\_\_\_\_ Total Cost/student \$300

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

1	<u>Oliver Valcorza</u>	Title: <u>Teacher/Director</u>
2	_____	Title: _____
3	_____	Title: _____
4	_____	Title: _____

(Attach additional listing of chaperones if necessary.)

Print on File	Over 21 yrs. Old
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

(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] Date 3/2/17  
(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

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