

MOUNTAIN VIEW-LOS ALTOS UNION HIGH SCHOOL DISTRICT

1299 BRYANT AVE., MOUNTAIN VIEW, CA 94040-4599

PART 2: OVERNIGHT CURRICULAR OR COCURRICULAR TRIP REQUEST

Requested by: NICOUTHGUY Department: IWATA / ACTIVITIES
School: Mountain View HS
Destination (out of state trips require Board approval): TAPAN (TONO, IWATA, MOTO, HIROSHIMA)
Mode of Transportation: ✓ Air ☐ District Bus/Van ✓ Chartered Bus ☐ Car ✓ Other — TRAIN
Date and Time of Departure: 4/7/2023 (Pm) Date and Time of Return: 4/17/2023 (Pm)
Number of instructional days that students will be missing:
What provision has been made for students to make up missed classes and assignments? _STUDENTS
WILL CHECK IN WITH TEACHER prior to departure, and upon return
Number of Participants: 26 students 0 parents 2 teachers 3 others (IAs, D.O.)
Objectives of the Trip (educational value): To foster international exchange, respect
and understanding, leadership building and sightseeing
Total cost of trip per student (include all expenses): \$_3,500
Fund raising activities and amount you expect to raise to offset cost to students (Please show by how much your
fund raising will reduce the expenses per student): Homeconing picnic, Christmas tree Lot, Staff
Lunchem, and individuals reach-out to companies - \$250 ~ 300 per stud.
Amount student is expected to pay from personal sources after applying fund raising share: \$_3,200
is not liable to pay the additional room, board and transportation costs associated with a prolonged stay overseas or out of state. Parents are highly encouraged to purchase Travel Insurance to prepare for the possible, though unlikely occurrence of such an event. In the absence of such insurance, parents are fully liable for any additional expenses.
What arrangements will be made to subsidize the student? <u>Families</u> who cannot pay - chaperans
NOTE: No student can be excluded from a trip because of inability to pay. Fundraise this amount.
Facilities for lodging (if a hotel, name and address): Homestay / Hotels (Gender-Segregated)
Names of trip supervisor(s): Paul Metenry, Julie Williams, Joe Johnson, Wilson Tsai, Lisa Connell
Number of substitutes needed (Personnel must be notified if trip/substitutes are cancelled): 2 +eacher
Algely 9/15/2022 Subs; 2 IA Subs,
Department Coordinator's Signature Date
THIS SECTION TO BE COMPLETED BY PRINCIPAL'S OFFICE AND EDUCATIONAL SERVICES DEPARTMENT
In Received Progress Completed N/A Approved By: , , * _ (
Parental Permission for Field Trip Field Trip Agreement for Chaperones Emergency Medical Treatment Card Field Trip Checklist Volunteer Driver – Application for Approval & applicable Parental Permission form Associate Superintendent's Signature Date