

PART 2: OVERNIGHT CURRICULAR OR COCURRICULAR TRIP REQUEST

Requested by: Ricky Alegria Department: Performing Arts
 School: Mountain View HS Los Altos HS Alta Vista HS
 Destination (out of state trips require Board approval): Chicago, IL
 Mode of Transportation: Air District Bus/Van Chartered Bus Car Other _____
 Date and Time of Departure: 4/4/24 TBD Date and Time of Return: 4/8/24 TBD
 Number of instructional days that students will be missing: 2
 What provision has been made for students to make up missed classes and assignments? _____

Number of Participants: 70 students 6 parents 2 teachers _____ others
 Objectives of the Trip (educational value): Performance Tour

Total cost of trip per student (include all expenses): \$ 1700
 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): Partial scholarships will be awarded on a as needed basis.
 Amount student is expected to pay from personal sources after applying fund raising share: \$ _____

NOTE: In the event of a trip delay due to unforeseen circumstances, e.g., natural disasters, the district 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? _____

NOTE: No student can be excluded from a trip because of inability to pay.

Facilities for lodging (if a hotel, name and address): Hilton Garden Inn Chicago Central Loop
 Names of trip supervisor(s): Ricky Alegria Jo Smith Nilsson
 Number of substitutes needed (Personnel must be notified if trip/substitutes are cancelled): 2

[Signature] April 21, 2023
 Department Coordinator's Signature Date

THIS SECTION TO BE COMPLETED BY PRINCIPAL'S OFFICE AND EDUCATIONAL SERVICES DEPARTMENT

in				Approved By:	Date
Received	Progress	Completed	N/A		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>[Signature]</u> Associate Superintendent's Signature	<u>5/26/23</u> Date