

# OVERNIGHT CURRICULAR OR CO-CURRICULAR TRIP REQUEST

**Part 1:** For out-of-state request for preliminary Board approval. (This request should be submitted to the Board of Trustees a minimum of six (6) months in advance of the departure date. Part 2 of this request must be submitted as before. Both parts require board approval.)

Requestor: Parul Kumar / Dr. Ning School: MVHS Department/Group: Science  
North Carolina State University

Destination: 2101 Hillsborough Street Mode of Transportation: Air + Car  
Raleigh, NC 27695

Departure Day and Date, e.g. Monday, August 1, 2016 through Thursday, August 11, 2016)

THURSDAY, MAY 14, 2020 through Sunday, May 17, 2020

Number of instructional days missed: 2 Estimated # of students: 20

Person or organization responsible for the organization of the trip: Parul Kumar Science Olympiad

We request that this application for preliminary approval be placed on the Board Agenda for  
Estimated trip cost: \$20,000

\_\_\_\_\_ (Board Meeting Date)

Requestor: Parul Kumar Date: 10-22-19

Department Coordinator: Dr. Ning Date: 10-22-19

Principal: [Signature] Date: 10-25-19

Associate Superintendent: [Signature] Date: 11/7/19

Received in Ed Services on 10/29/19 by [Signature]

(The request must be received in Ed Services at least two weeks in advance of the board meeting date)



**PART 2: OVERNIGHT CURRICULAR OR COCURRICULAR TRIP REQUEST**

Requested by: Parul Kumar / Dr. Ning Department: Science  
 School:  Mountain View HS  Los Altos HS  Alta Vista HS  
 Destination (out of state trips require Board approval): North Carolina State University  
2101 Hillsborough Street, Raleigh, NC 27695  
 Mode of Transportation:  Air  District Bus/Van  Chartered Bus  Car  Other \_\_\_\_\_  
 Date and Time of Departure: 7:00 AM May 14, 2020 Date and Time of Return: 11:00 PM May 17, 2020  
 Number of instructional days that students will be missing: 2  
 What provision has been made for students to make up missed classes and assignments? Each student will work on a lesson plan with their teacher  
 Number of Participants: 20 students 18 parents \_\_\_\_\_ teachers \_\_\_\_\_ others \_\_\_\_\_  
 Objectives of the Trip (educational value): To apply science, technology, engineering, and math concepts in a competitive setting  
 Total cost of trip per student (include all expenses): \$ 1000 -  
 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): If needed the students will do fund raising.  
 Amount student is expected to pay from personal sources after applying fund raising share: \$ 1,000 -

**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? if needed, fund raising

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

Facilities for lodging (if a hotel, name and address): TBD

Names of trip supervisor(s): Parul Kumar

Number of substitutes needed (Personnel must be notified if trip/substitutes are cancelled): 0

[Signature]  
Department Coordinator's Signature

10/25/19  
Date

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

Received	Progress	Completed	N/A		Approved By:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parental Permission for Field Trip	<u>[Signature]</u>	<u>10/25/19</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Field Trip Agreement for Chaperones		Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Medical Treatment Card		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Field Trip Checklist		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer Driver - Application for Approval & applicable Parental Permission form	<u>[Signature]</u>	<u>11/7/19</u>
					Associate Superintendent's Signature	Date