

RECEIVED  
FEB - 9 2024

## PART 2: OVERNIGHT CURRICULAR OR COCURRICULAR TRIP REQUEST

Requested by: Stephan Massalt Department: Robotics Club  
 School:  Mountain View HS  Los Altos HS  Alta Vista HS  
 Destination (out of state trips require Board approval): Houston, TX  
 Mode of Transportation:  Air  District Bus/Van  Chartered Bus  Car  Other \_\_\_\_\_  
 Date and Time of Departure: 4/16/24 Date and Time of Return: 4/21/24  
 Number of instructional days that students will be missing: 3-4 days  
 What provision has been made for students to make up missed classes and assignments? Discussing with teachers before the trip  
 Number of Participants: 40 students 10 parents \_\_\_\_\_ teachers 10 others \_\_\_\_\_  
 Objectives of the Trip (educational value): Compete at the Robotics World Championship  
 Total cost of trip per student (include all expenses): \$ \_\_\_\_\_  
 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): none

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? Scholarships as needed

**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): Stephan Massalt, Sarah Heimlich

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

\_\_\_\_\_  
 Department Coordinator's Signature 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"/>	<input type="checkbox"/> Parental Permission for Field Trip	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Field Trip Agreement for Chaperones	<u>[Signature]</u> <u>2/7/24</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Emergency Medical Treatment Card	Principal's Signature Date
<input type="checkbox"/>	<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"/>	<input type="checkbox"/> Volunteer Driver - Application for Approval & applicable Parental Permission form	<u>[Signature]</u> <u>2-12-24</u>
				Associate Superintendent's Signature	Date



FIELD TRIP CHECKLIST

Teacher Name: Stephan Massalt Representing which Class or Group? Robotics
Purpose of Trip: Robotics Competition
Proposed Date of Trip: 4/16/24-4/21 Departure Time: Return Time:
Number of Students: 40 Cost of Trip per student:

DAY TRIPS

This form must be completed a full two weeks prior to the departure of the field trip. Completed forms must be returned to the principal's administrative assistant for the principal's review prior to placement on the field trip calendar.

- Attach a copy of the Parental Permission for Field Trip form that you will distribute to students with the information box completely filled out.
Number of Chaperones:

OVERNIGHT TRIPS:

Overnight trips must be filed with the principal's office at least two weeks prior to the commencement of the trip and approved by the principal and the Associate Superintendent of Educational Services. Out-of-state and out-of-country trips require School Board approval and must be submitted to the Board of Trustees a minimum of six months prior to the departure date.

- Complete the Overnight Curricular or Co-Curricular Trip Request form and turn it in with this application. Be sure to check the "Forms Completed" boxes.
Number of Chaperones: 10 (Overnight trips with students of mixed gender must have at least one chaperone of each gender.)

TRANSPORTATION: Check the box indicating that you have completed the appropriate forms.

- Traveling by private vehicle
Drivers must complete the personal auto insurance verification form, "Volunteer Driver - Application for Approval"
Parents of students being transported must complete the appropriate permission forms
Transportation Request (if traveling by bus)
Transportation costs will be covered by: Students and scholarships

FIELD TRIP ROSTER:

- Field trip rosters must be submitted to the Attendance Office at least two days prior to departure with parental permission forms attached. (Checking this box indicates your assurance that this step will be completed.)
Teacher submitting roster: Stephan Massalt Date:

MEETING WITH STUDENTS:

- A meeting with students, chaperones, and parents is required for Overnight and Out-of-state trips only. Checking this box indicates that meeting was held, or is scheduled to be held and an administrator has, or will be present. (Please keep a sign-in sheet for your records.)
Date of meeting:

FIELD TRIP AGREEMENT FOR CHAPERONES:

- Checking this box verifies that the staff member responsible for this trip has collected signed and dated chaperone agreements from every adult who is accompanying the students on this trip.

Reviewed by: [Signature] (Principal) Date: 2/7/24



FIELD TRIP AGREEMENT FOR CHAPERONES

The Governing Board expects district employees to maintain the highest ethical standards, follow district policies and regulations, and abide by state and federal laws. Employee conduct is expected to enhance the integrity of the district and advance the goals of the educational programs. Each employee is expected to make a commitment to acquire the knowledge and skills necessary to fulfill his/her responsibilities.

As a chaperone/advisor, I understand that I am representing the Mountain View-Los Altos Union High School District and that I am expected to enforce all school rules, regulations and policies. I will handle student misconduct appropriately and follow district guidelines in disciplining students. I will provide adequate and appropriate supervision at all times.

I accept responsibility for my own conduct and recognize that my behavior will serve as a model for my students. My personal behavior will at all times be consistent with district expectations. As such, I agree not to possess, consume or use any tobacco, alcohol or illegal substances at any time during this trip, including those times when I am away from students. I will use good judgment and common sense and my decisions will be in the best interest of my students and supportive of protecting their safety and well being.

I hereby certify that I have read and understand all applicable district policies and regulations and I accept the responsibility for enforcing these regulations around the clock for the duration of the trip. Failure to carry out my responsibilities as stated in this contract and/or gross negligence on my part may result in disciplinary actions against me, up to and including termination from my position. (To determine appropriate consequences for student failure to adhere to expected behavioral guidelines, please refer to policies listed below and to the permission slip/contract signed by students and parents.)

Signature of Lead Chaperone: Stephan Massalt
Date: 2/23/24

Printed Name and Phone Number: Stephan Massalt - 650 289 8061

Name of Activity and Destination: Robotics - Monterey Bay Regional

Duration of Trip: 3 days (Thu-Sat)

Signatures and phone numbers of all co-chaperones: (My signature below certifies that I understand district policy, that I have read the above, and that I understand that I am held to the same standard as the lead chaperone, and that I will do my best to support the lead chaperone in his role.)

Signature of co-chaperone: Sarah Heimlich
Date: 2/26/24

Phone Number of co-chaperone: Sarah Heimlich - (650) 505-6001

Administrator to be contacted during trip, if necessary

Administrator's Telephone Number

Referenced Board Policy and Regulations:

- BP/AR 5131.6 a-e Alcohol and other Drugs
BP/AR 5131.62 Tobacco
BP/AR 5132 Dress and Grooming
BP/AR 5144 Discipline

- BP/AR 5144.1 Suspension and Expulsion/Due Process
BP/AR 5145.12 Search and Seizure
BP/E 4319.21 Professional Standards



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Lead Chaperone Date Printed Name and Phone Number
Robotics World Championship Duration of Trip

Signatures and phone numbers of all co-chaperones: (My signature below certifies that I understand district policy, that I have read the above, and that I understand that I am held to the same standard as the lead chaperone, and that I will do my best to support the lead chaperone in his role.)

Administrators' signature and telephone number fields

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Mountain View-Los Altos Union High School District  
1299 Bryant Avenue, Mountain View, CA 94040-4599

**PARENTAL PERMISSION for FIELD TRIP**

- Day Trip only
- Overnight Trip
- Out-of-State Trip

Permission for your son/daughter to participate in a field trip is requested. The pertinent information is as follows:

School: MVHS

Class: Robotics Club

Teacher: Stephan Massal+

Destination of field trip: Houston, TX

Purpose: Compete at the Robotics World Championship

Date and time of departure: \_\_\_\_\_

Number of students who will attend: \_\_\_\_\_

Mode of transportation: \_\_\_\_\_

Nature of lodging: \_\_\_\_\_

Cost to each student: \_\_\_\_\_ Purpose: \_\_\_\_\_

Names of supervisors: \_\_\_\_\_

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✂ -----

I give my permission for my son/daughter \_\_\_\_\_ to attend the field trip described above. I furthermore authorize the supervisor to take responsibility for securing emergency first aid or medical aid if either is required by my son/daughter. **I have read the Code of Conduct printed on the back of this form, and discussed behavioral expectations and the consequences for not meeting those expectations with my student.**

✂ \_\_\_\_\_  
(Parent/Guardian's signature)

✂ \_\_\_\_\_  
(Student's signature)

NOTE: If district-owned transportation is being used, the school district's insurance policy covers bodily injury and property damage liability. All drivers of non-district owned vehicles are asked to furnish evidence of automobile insurance liability coverage.

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