



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: Karen Davis Department: TED
School: Mountain View HS Los Altos HS Alta Vista HS
Destination (out of state trips require Board approval): Flagstaff, AZ
Mode of Transportation: Air District Bus/Van Chartered Bus Car Other Rental car
Date and Time of Departure: 3/9/22 noon Date and Time of Return: 3/13/22 8pm
Number of instructional days that students will be missing: 2.5

What provision has been made for students to make up missed classes and assignments? Students will work with teachers ahead of time
Number of Participants: 25 students 20 parents 2 teachers 3 others
Objectives of the Trip (educational value): Robotics Competition - we cannot get into more than 1 local competition
Total cost of trip per student (include all expenses): \$ 650

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): Team plans to cover at least \$200 of each student's cost, use of covid funds
Amount student is expected to pay from personal sources after applying fund raising share: \$ is possible

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? Team funds / covid money
NOTE: No student can be excluded from a trip because of inability to pay. 2755 S. Woodlands Village Blvd, Flagstaff, AZ
Facilities for lodging (if a hotel, name and address): Greentree Inn
Names of trip supervisor(s): Karen Davis / Stephen Hine
Number of substitutes needed (Personnel must be notified if trip/substitutes are cancelled): 2

[Signature] 11/12/21
Department Coordinator's Signature Date

THIS SECTION TO BE COMPLETED BY PRINCIPAL'S OFFICE AND EDUCATIONAL SERVICES DEPARTMENT				Approved By:	
Received	Progress	Completed	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parental Permission for Field Trip	<u>[Signature]</u> Principal's Signature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Field Trip Agreement for Chaperones	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Medical Treatment Card	<u>[Signature]</u> Associate Superintendent's Signature
<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>11/18/21</u> Date
					<u>11-30-21</u> Date