

**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): Nampa, Idaho

Mode of Transportation:  Air  District Bus/Van  Chartered Bus  Car  Other \_\_\_\_\_

Date and Time of Departure: 3/30 noon Date and Time of Return: 4/3 - 8 pm

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 meet with teachers before trip.

Number of Participants: ~25 students \_\_\_\_\_ parents 2 teachers 3 others

Objectives of the Trip (educational value): Robotics Competition - CA

competitions are not available to us besides I.

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 money, Covid

funds (~\$350 per student)

Amount student is expected to pay from personal sources after applying fund raising share: \$ 650

**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.** 4104 E. Flamingo

Facilities for lodging (if a hotel, name and address): Holiday Inn - Nampa, ID

Names of trip supervisor(s): Karen Davis / Stephen Hine

Number of substitutes needed (Personnel must be notified if trip/substitutes are cancelled): 2

[Signature]  
Department Coordinator's Signature

11/12/21  
Date

THIS SECTION TO BE COMPLETED BY PRINCIPAL'S OFFICE AND EDUCATIONAL SERVICES DEPARTMENT			
Received	Progress	Completed	N/A
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Approved By: [Signature] 11/12/21  
Principal's Signature Date

[Signature] 12-1-21  
Associate Superintendent's Signature Date