

PART 2: OVERNIGHT CURRICULAR OR COCURRICULAR TRIP REQUEST

Requested by: K. Davis / S. Hine Department: TED
 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: 4/19 ~ noon Date and Time of Return: 4/24 ~ 4 pm.
 Number of instructional days that students will be missing: 4
 What provision has been made for students to make up missed classes and assignments? students will contact their teachers about work.
 Number of Participants: 30 students _____ parents 2 teachers _____ others
 Objectives of the Trip (educational value): Robotics championship

Total cost of trip per student (include all expenses): \$ ~1500
 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): we expect to fund \$600 of the trip.
 Amount student is expected to pay from personal sources after applying fund raising share: \$ 1100

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, scholarships.
NOTE: No student can be excluded from a trip because of inability to pay.
 Facilities for lodging (if a hotel, name and address): Spring Hill Suites - 1400 Old Spanish Tr. Houston, TX
 Names of trip supervisor(s): Karen Davis / Stephen Hine
 Number of substitutes needed (Personnel must be notified if trip/substitutes are cancelled): 2-4 Days

[Signature] 3/16/22
 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>[Signature]</u>	<u>3/18/22</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Principal's Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>[Signature]</u>	<u>3-22-22</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Associate Superintendent's Signature	Date
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