



PART 2: OVERNIGHT CURRICULAR OR COCURRICULAR TRIP REQUEST

Requested by: Claudine Sheridan Department: MVHS Science Olympiad Team

School: [X] Mountain View HS [ ] Los Altos HS [ ] Alta Vista HS

Destination (out of state trips require Board approval): Cambridge, MA

Mode of Transportation: [X] Air [ ] District Bus/Van [ ] Chartered Bus [ ] Car [ ] Other

Date and Time of Departure: TBD January 24, 2025 Date and Time of Return: January 26, 2025

Number of instructional days that students will be missing: 1

What provision has been made for students to make up missed classes and assignments? Students will contact teachers to make up assignments and missed class time

Number of Participants: 30 students 30 parents 1 teachers others

Objectives of the Trip (educational value): Demonstrate knowledge of advance science and engineering topics through collaborative inquiry.

Total cost of trip per student (include all expenses): \$ 800

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 planned at this time.

Amount student is expected to pay from personal sources after applying fund raising share: \$ 800

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?

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

Facilities for lodging (if a hotel, name and address): Boston Marriott Cambridge

Names of trip supervisor(s): Claudine Sheridan and Pallavi Nath (parents cleared by the school)

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

Department Coordinator's Signature [Signature] Date

THIS SECTION TO BE COMPLETED BY PRINCIPAL'S OFFICE AND EDUCATIONAL SERVICES DEPARTMENT. Table with columns: Received, In Progress, Completed, N/A. Rows: Parental Permission for Field Trip, Field Trip Agreement for Chaperones, Emergency Medical Treatment Card, Field Trip Checklist, Volunteer Driver - Application for Approval & applicable Parental Permission form. Includes Principal's and Associate Superintendent's signatures and dates.



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

FIELD TRIP CHECKLIST

Teacher Name: Gina Dunsmore Representing which Class or Group? Mountain View Science Olympiad Team
Purpose of Trip: Compete in National Science Olympiad Tournament
Proposed Date of Trip: January 24-26, 2025 Departure Time: TBD Return Time: TBD
Number of Students: 30 Cost of Trip per student: \$800

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: (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: Student

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: Gina Dunsmore 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: January 21, 2025

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: (Principal) Signature

Date: 9/27/24



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**PARENTAL PERMISSION for FIELD TRIP**

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

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

School: Mountain View High School

Class: Mountain View Science Olympiad Team

Teacher: Gina Dunsmore

Destination of field trip: MIT, Cambridge, Massachusetts

Purpose: Compete in a Science Olympiad Tournament

Date and time of departure: January 24, 2025

Number of students who will attend: 30

Mode of transportation: Airplane

Nature of lodging: Hotel

Cost to each student: \$800 Purpose: Flight and lodging

Names of supervisors: Claudine Sheridan, Pallavi Nath, Naveen Agarwal

**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.**

✂ -----

I give my permission for my child \_\_\_\_\_ 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 child. **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.

(over)

### Code of Conduct:

Participation in a school sanctioned field trip is a privilege. There are standards for behavior that will be upheld at all times. Adults will adhere to the same expectations as the students.

1. All policies of the Mountain View-Los Altos Union High School District will be in effect for the duration of the field trip.
2. Gracious, courteous and respectful behavior is expected from all at all times.
3. Students must remain in the presence of adult supervision at all times unless explicit consent has been given by an adult supervisor.
4. Students shall be assigned accommodations in a manner consistent with their gender identity. If a student does not feel safe with such an arrangement, school staff shall work with the student to arrange alternative accommodations . One male and one female may not be alone in any room at any time.
5. Students must follow directions and instructions from chaperones without fail.
6. Drugs, alcohol and tobacco are absolutely prohibited. Choosing to bring, consume or be in the presence of others who are consuming, will lead to suspension and/or expulsion as well as immediate termination of the field trip privilege. **Consequences will be applied regardless of whether you are bringing or consuming alcohol, tobacco, or drugs, or are associating with, or are in the presence of others who are consuming.**
7. If a student is discovered to be in violation of any part of the code of conduct, he or she will be sent home immediately at the expense of the parents.

Other consequences for violation of the Code of Conduct may include:

Suspension, expulsion, transfer to an alternative program; removal from leadership position; exclusion from participation in senior activities and/or graduation ceremony; exclusion from participation in future co-curricular activities or field trips for graduated number of events ranging from one contest, performance or event to exclusion for a season, a year or the remainder of the student's high school career; suspension of the privilege for the team or group to go on future fieldtrips.



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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.)

Claudine Sheridan 11/6/2024
Lead Chaperone Date Printed Name and Phone Number

MIT Science Olympiad Invitational 3 Days
Name of Activity and Destination 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.)

Parents are required to attend

Jon Robell 650-940-4600 x1016
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