

OVERNIGHT CURRICULAR OR CO-CURRICULAR TRIP REQUEST

RECEIVED
OCT 24 2019

Part 1: For out-of-state request for preliminary Board approval. (This request should be submitted to the Board of Trustees a minimum of six (6) months in advance of the departure date. Part 2 of this request must be submitted as before. Both parts require board approval.)

Requestor: Wyn Schuh School: MVHS Department/Group: Robotics

Destination: Houston, Tx Mode of Transportation: airplane

Departure Day and Date, e.g. Monday, August 1, 2016 through Thursday, August 11, 2016)

Tues April 14, 2020 through Sunday April 19, 2020

Number of instructional days missed: 3 Estimated # of students: 40

Person or organization responsible for the organization of the trip: Wyn Schuh - Robotics Club

Estimated trip cost: \$ 52,000

We request that this application for preliminary approval be placed on the Board Agenda for

Nov. 18, 2019 (Board Meeting Date)

Requestor: Wyn Schuh Date: 10/22/19

Department Coordinator: Wm Blair Date: 10/23/19

Principal: [Signature] Date: 10/24/19

Associate Superintendent: [Signature] Date: 11/5/19

Received in Ed Services on 10/24/19 by [Signature]

(The request must be received in Ed Services at least two weeks in advance of the board meeting date)



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BY:

PART 2: OVERNIGHT CURRICULAR OR COCURRICULAR TRIP REQUEST

Requested by: Wyn Schuh Department: Robotics

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: 4/14/20-^{After} school Date and Time of Return: 4/19/20-evening

Number of instructional days that students will be missing: 3

What provision has been made for students to make up missed classes and assignments? work with teachers ahead

Number of Participants: 40 students 10 parents _____ teachers 11 others

Objectives of the Trip (educational value): Competing at an International STEM/ Robotics Competition

Total cost of trip per student (include all expenses): \$ 800 (will depend on airfare)

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): The team has corporate sponsors to help defray cost and individual scholarships are available to students who need help

Amount student is expected to pay from personal sources after applying fund raising share: \$ 800 ^{need help}

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.

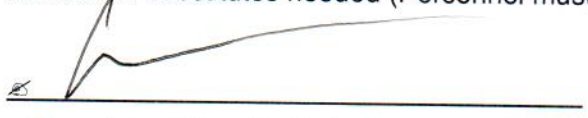
What arrangements will be made to subsidize the student? _____

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

Facilities for lodging (if a hotel, name and address): TBD

Names of trip supervisor(s): Wyn Schuh

Number of substitutes needed (Personnel must be notified if trip/substitutes are cancelled): 0


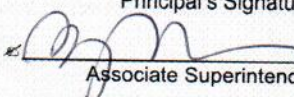


Department Coordinator's Signature

10/26/19

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"/>	Parental Permission for Field Trip		<u>10/26/19</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Field Trip Agreement for Chaperones		Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Medical Treatment Card		
<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>11/5/19</u>
					Associate Superintendent's Signature	Date