

OVERNIGHT CURRICULAR OR CO-CURRICULAR TRIP REQUEST

RECEIVED
OCT 29 2019
BY: _____

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: Karen Davis School: Los Altos Department/Group: IED
Destination: Nampa, Idaho Mode of Transportation: Fly/Rental cars.
Departure Day and Date, e.g. Monday, August 1, 2016 through Thursday, August 11, 2016)
Wed. March 25, 2020 to Sunday March 29, 2020
Number of instructional days missed: 3 Estimated # of students: 5
Person or organization responsible for the organization of the trip: Robotics -
Karen Davis / Stephen Hine
Estimated trip cost: \$8,250

We request that this application for preliminary approval be placed on the Board Agenda for Nov. 18th (Board Meeting Date)

Requestor: Karen Davis Date: _____
Department Coordinator: [Signature] Date: 10/24/19
Principal: Wynne Scutt Date: 10/28/19
Associate Superintendent: [Signature] Date: 11/5/19

Received in Ed Services on 10/29/19 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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PART 2: OVERNIGHT CURRICULAR OR COCURRICULAR TRIP REQUEST

Requested by: Karen Davis Department: TEED
 School: Mountain View HS Los Altos HS Alta Vista HS
 Destination (out of state trips require Board approval): Ford center, Nampa, Idaho
 Mode of Transportation: Air District Bus/Van Chartered Bus Car Other fly
 Date and Time of Departure: 3/25 8AM Date and Time of Return: 3/29 6PM
 Number of instructional days that students will be missing: 3
 What provision has been made for students to make up missed classes and assignments? They will contact teachers ahead of time.
 Number of Participants: 15 students 2 parents 2 teachers 2 others
 Objectives of the Trip (educational value): Robotics 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): 0 - students cover cost, team will be fundraising.
 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.
NOTE: No student can be excluded from a trip because of inability to pay.
 Facilities for lodging (if a hotel, name and address): Holiday Inn Express 4104 E Flamingo Ave 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 for 3 Days

[Signature] Department Coordinator's Signature 10/15/19 Date

THIS SECTION TO BE COMPLETED BY PRINCIPAL'S OFFICE AND EDUCATIONAL SERVICES DEPARTMENT

Received	Progress	Completed	N/A		Approved By:	Date
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parental Permission for Field Trip	<u>[Signature]</u>	<u>10/28/19</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Field Trip Agreement for Chaperones	<u>[Signature]</u>	<u>11/5/19</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Medical Treatment Card	<u>[Signature]</u>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Field Trip Checklist		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer Driver - Application for Approval & applicable Parental Permission form		

Principal's Signature: [Signature] Date: 10/28/19
 Associate Superintendent's Signature: [Signature] Date: 11/5/19