



OVERNIGHT CURRICULAR OR COCURRICULAR TRIP REQUEST

Requested by: Galen Rosenberg Department: Admin

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

Destination (out of state trips require Board approval): Washington DC

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

Date and Time of Departure: 9/2 Date and Time of Return:

Number of instructional days that students will be missing:

What provision has been made for students to make up missed classes and assignments? Advance notification of all teachers and extensions

Number of Participants: 1 students 0 parents 0 teachers 1 others Admin

Objectives of the Trip (educational value): Attend recognition ceremony for Federal Green School award

Total cost of trip per student (include all expenses): \$500

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): NA

Amount student is expected to pay from personal sources after applying fund raising share: \$500

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? NA

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

Facilities for lodging (if a hotel, name and address): Student is staying with family

Names of trip supervisor(s): Galen Rosenberg

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

Department Coordinator's Signature

Date 8/17/21

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

Received In Progress Completed N/A

- 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

Approved By:

Principal's Signature Date
Associate Superintendent's Signature Date