

MOUNTAIN VIEW-LOS ALTOS UNION HIGH SCHOOL DISTRICT

1299 BRYANT AVE., MOUNTAIN VIEW, CA 94040-4599 EIVED

DEC - 6 2023

PART 2: OVERNIGHT CURRICULAR OR COCURRICULAR TRIP REQUEST

Requested by: Karen Davis Department: Department:
School: Mountain View HS Los Altos HS
Destination (out of state trips require Board approval): \(\sum_{\text{Q}} \sum_{\text{DQ}} \)
Mode of Transportation: Air District Bus/Van Chartered Bus Car Of Other Revotal Jan
Date and Time of Departure: 3/20/24 Date and Time of Return: 3/24/24 ~ 6 pm.
Number of instructional days that students will be missing: 2.5
What provision has been made for students to make up missed classes and assignments?
Students will work with their teachers
Number of Participants: 30 students 2 parents 1 teachers 2 others
Objectives of the Trip (educational value): Robotics competition
Total cost of trip per student (include all expenses): \$ 200
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): Team money, district
to pay hotel and transportation costs
Amount student is expected to pay from personal sources after applying fund raising share: \$
*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 Junds.
▼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 Wanpan =
Names of trip supervisor(s): Karen Davis, James Fry Lillian Stad
Number of substitutes needed (Personnel must be notified if trip/substitutes are cancelled):
« It 12/4/2)
Department Coordinator's Signature Date
THIS SECTION TO BE COMPLETED BY PRINCIPAL'S OFFICE AND EDUCATIONAL SERVICES DEPARTMENT
In Received Progress Completed N/A Approved B\(\) 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 Associate Superintendent's Signature Date



2024 REGIONAL SCHEDULE

IDAHO REGIONAL

Competition Schedule

Activities Schedule

(Day 0) - Wednesday - March 20		
6:00PM-8:00PM	Team Reps to Load In and	
	Set Up Pits	

(Day 1) - Thursday - March 21				
7:45AM	Team Reps to Load In			
8:30AM	Pits, Machine Shop,			
	Registration and Inspection			
	Open			
9:00AM-11:00AM	Load-in Ends, Driver's			
	Meeting, Field Open for			
	Measurement and			
	Calibration			
11:00AM-12:00PM	Lunch			
12:00PM-6:30PM	Practice Matches			
8:00PM	Pits and Machine Shop			
	Close			

(Day 1) - Thursday - March 21		
12:00PM	Ambassador Training	
1:00-4:00PM	Seminars - West Concourse	

(Day 2) - Friday - March 22		
8:00AM	Pits and Machine Shop Open	
8:30AM-9:00AM	Opening Ceremonies	
9:00AM-12:00PM	Qualification Matches	
12:00PM-1:00PM	Lunch	
1:00PM-5:45PM	Qualification Matches	
5:45PM-6:15PM	Awards Ceremony	
~6:30PM**	Pits and Machine Shop	
	Close immediately following	
	Awards Ceremony	

(Day 2) - Friday - March 22		
8:00AM	Ambassador Training	
9:00AM - 4:00PM	Scholarship Row	
9:00AM - 4:00PM	VIP – walk-ins	
6:30PM - 8:00PM	Team Social – East	
	Concourse (ticket required)	

(Day 3) - Saturday - March 23		
8:00AM	Pits and Machine Shop Open	
8:30AM-9:00AM	Opening Ceremonies	
9:00AM-12:15PM	Qualification Matches	
12:15PM-12:30PM	Alliance Selections	
12:30PM-1:30PM	Lunch	
1:30PM-5:30PM	Playoff Matches &	
	Awards Ceremony	
6:30PM	Pits Close	

(Day 3) Saturday - March 23		
8:00AM	Ambassadors gather	
9:00am - 1:00PM	FLL & FTC Demonstrations	
9:00AM - 1:00PM	Scholarship Row	
9:00AM - 4:00PM	VIP – walk-ins	



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FIELD TRIP CHECKLIST

Teacher Name: Koven Davis Representing which Class or Group? Robotics
Proposed Date of Trip: 320-3/24 Departure Time: Return Time: Departure Time: Cost of Trip per student: SUCCESSION OF TRIP PER STUDENT OF THE PROPERTY OF
DAY TRIPS This form must be considered of the
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.
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: District Chatel 4 transport
Field trip rosters must be submitted to the Attendance Office at least two desired to the Office at least two desi
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: Davis Date: 3/8/24
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: (TBb)
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: Date: 12/5/33



liability coverage.

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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: Destination of field trip: 1)a woo Date and time of departure: March Number of students who will attend: Mode of transportation: Nature of lodging: Cost to each student: Names of supervisors: -PNOTE: 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 thefield 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

(over)

property damage liability. All drivers of non-district owned vehicles are asked to furnish evidence of automobile insurance



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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.)

) A. Derimssion sup/conti	ract signed by stu	dents and parents.)	
Lead Chaperone	Date	Kaven Davis (408) 47 6 - 7087 Printed Name and Phone Number	,
Name of Activity and Destination	tit'10m	March 20-24, 2024 Duration of Trip	
Signatures and phone and by C. II			

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.)

Trace Runeare
Administrator to be contacted during trip, if necessary

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 James Juggo 215-0282 James Fry (Dec 1, 2023 1937 PST) James Jug amus (Try (Dec 1, 2023 293 295) 344

Administrator's Telephone Number

(William signature

BP/AR 5144.1 Suspension and Expulsion/Due Process
BP/AR 5145.12 Search and Seizure
BP/E 4319.21 Professional Standards

Signature: Lillian Stadler (Dec 1, 2023 13:55 PST)

Email: lillian.stadler@gmail.com