

## MOUNTAIN VIEW-LOS ALTOS UNION HIGH SCHOOL DISTRICT

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

## PART 2: OVERNIGHT CURRICULAR OR COCURRICULAR TRIP REQUEST

Requested by: Lawren Diez	Department: Performing Arts
School:  Mountain View HS	os HS
Destination (out of state trips require Board approval):	eville, Spain & Lisbon, Portugal
Mode of Transportation: Air District Bus/Van Chartered Bus Car Other  Date and Time of Departure: 10, 2023 Date and Time of Return: 17, 2023	
What provision has been made for students to make up r	nissed classes and assignments?
Number of Participants: 23 students 24	
Objectives of the Trip (educational value):	and collaborate with other high
School singers, travel and learn ab	out Spanisha Portuguese language mi
Total cost of trip per student (include all expenses): \$\frac{3}{700}	
Fund raising activities and amount you expect to raise to	
fund raising will reduce the expenses per student):	\$ 1,000
Amount student is expected to pay from personal source	s after applying fund raising share: $$2,700$
NOTE: In the event of a trip delay due to unforesee is not liable to pay the additional room, board and tra overseas or out of state. Parents are highly encourage possible, though unlikely occurrence of such an ever fully liable for any additional expenses.	insportation costs associated with a prolonged stay jed to purchase Travel Insurance to prepare for the nt. In the absence of such insurance, parents are
What arrangements will be made to subsidize the studen	to Tundraisers & abnation
Facilities for lodging (if a hotel, name and address): TBD	
Names of trip supervisor(s): Lawren Diez	
Number of substitutes needed (Personnel must be notified	ed if trip/substitutes are cancelled):
& Mun D	8-22-22
Department Coordinator's Signature	Date
THIS SECTION TO BE COMPLETED BY PRINCIPAL'S C	Approved By:
Received Progress completed N/A  Parental Permission for Field Trip  Field Trip Agreement for Chaperones	11) 5
☐ ☐ ☐ ☐ Emergency Medical Treatment Card	Principal's Signature Date
Field Trip Checklist  Volunteer Driver — Application for Approva	
& applicable Parental Permission form	Associate Superintendent's Signature Date