

REQUEST FOR TRIP APPROVAL

DAY TRIP OUTSIDE LOS ANGELES, VENTURA, ORANGE AND RIVERSIDE COUNTIES (East of I-215)

OVERNIGHT / OUT-OF-STATE TRIPS

REQUESTS SHALL BE SUBMITTED IN WRITING 30 DAYS PRIOR TO THE TRIP DATE (DAY TRIPS) AND SUBMITTED 45 DAYS IN ADVANCE OF OUT-OF-STATE TRIPS / OVERNIGHT TRIPS (REGARDLESS OF DESTINATION) AND SHALL INCLUDE THE NAMES OF ALL DISTRICT-APPROVED SUPERVISORS. TRIP APPROVAL REQUESTS THAT ARE INCOMPLETE OR ARE SUBMITTED AFTER THE DEADLINE FOR SUBMISSION WILL BE DENIED, WITH THE EXCEPTION OF CIF PLAYOFF COMPETITION. ANY CHANGES TO THE INFORMATION PROVIDED ON THIS REQUEST FOR TRIP APPROVAL MADE AFTER THE FORM IS SUBMITTED MUST BE SENT IN A WRITTEN MEMORANDUM TO THE SUPERINTENDENT'S OFFICE PRIOR TO THE TRIP.

DATE OF REQUEST: 7/2/19 SCHOOL: Hort High

GROUP: ASB ADVISOR/COACH: De La Maza

TRIP DAYS/DATES: 7/17 - 7/20/19 DEPARTURE TIME: 10A RETURN TIME: 2p

DESTINATION: UCSB CAAA Camp

METHOD OF TRANSPORTATION TO DESTINATION: Bus

METHOD OF TRANSPORTATION WHILE AT DESTINATION (EX: FROM AIRPORT TO HOTEL OR HOTEL TO VENUE):
n/a

*IF METHOD OF TRANSPORTATION IS BY BUS, CHECK THE FOLLOWING SCHOOL BUS CHARTER BUS

Transportation for day trips outside Los Angeles, Ventura, Orange, Riverside (east of I-215) Counties may not be made by private or rental vehicles. All School Bus, Charter and SPAB Transportation for any trip inside the State of California must be made through the District Transportation Department. Groups traveling out of state shall ensure that utilized transportation meets the legal requirements for the transportation of pupils outside of California. All charter bus reservations must be paid for by the group and will not be funded by the District, with the exception of CIF semi-finals, where the school will pay any costs above the funding for a regular school bus. The District will pay the full cost of charter buses for CIF Finals contests.

PURPOSE OR JUSTIFICATION FOR TRIP: Leadership training

HOW MANY DAYS/PERIODS WILL STUDENTS BE ABSENT? 0 DAYS OR _____ PERIODS

ACCOMMODATIONS (Include complete address): UCSB 501 University Rd Santa Barbara Ca

NUMBER OF SUBSTITUTE TEACHERS REQUIRED: _____ substitute(s) for 0 DAYS OR _____ PERIODS

FUNDING SOURCE FOR SUBSTITUTE TEACHERS: n/a

EXPLAIN HOW THE FOLLOWING COSTS WILL BE PAID:

TRANSPORTATION: ASB

LODGING & OTHER: ASB

NUMBER OF STUDENTS PARTICIPATING: Male: 2 Female: 6 Total: 8

CERTIFICATED GROUP LEADER: *Tracie Priske CELL PHONE: _____

A minimum of two supervisors is required per bus. For overnight and out-of-state trips, a ratio of 1 supervisor per 12 students is required. Where the student group is co-ed, both male and female supervisors shall accompany the group. (Indicate supervisors' status: asterisk (*) for certificated employees; plus sign (+) for classified or other employee of the District, and number sign (#) for persons that will transport students).

NAME(S) OF MALE SUPERVISORS: _____

see West Ranch + Saugus
*Todd Arrow/Smith, *Jeremy Fannon

NAME(S) OF FEMALE SUPERVISORS: none from Hort

see West Ranch + Saugus
Alicia Fannon *Tracie Priske

Site Administrators shall consider adherence to Board Policies relative to transportation, supervisors, the impact of student absences from class, and the need for substitutes when approving a trip. Expenses for trips must be borne by the school or group taking the trip, with the exception of CIF playoff competition.

Site administrator verification that supervisors have been cleared: [Signature] Date: 7/2/19

Principal (signature required): [Signature] Date: 7/2/19

Superintendent: [Signature] Date: 7/8/19

Governing Board (if required): _____ Date: _____

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OVERNIGHT / OUT-OF-STATE TRIPS

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DATE OF REQUEST: 5/29/19 SCHOOL: Saugus High School

GROUP: Varsity Basketball - Boys ADVISOR/COACH: Alfredo Manzano

TRIP DAYS/DATES: June 21-23, 2019 DEPARTURE TIME: 7:00 AM RETURN TIME: 8:00 PM

DESTINATION: Phoenix, Arizona

METHOD OF TRANSPORTATION TO DESTINATION: Parent driving their child only

METHOD OF TRANSPORTATION WHILE AT DESTINATION (EX: FROM AIRPORT TO HOTEL OR HOTEL TO VENUE):
Parents driving their child only

*IF METHOD OF TRANSPORTATION IS BY BUS, CHECK THE FOLLOWING SCHOOL BUS CHARTER BUS

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PURPOSE OR JUSTIFICATION FOR TRIP: Basketball College Viewing Tournament

HOW MANY DAYS/PERIODS WILL STUDENTS BE ABSENT? N/A DAYS OR N/A PERIODS

ACCOMMODATIONS (Include complete address): Courtyard Phoenix North 9631 N Black Cyn, Hwy, Phoenix AZ 85021

NUMBER OF SUBSTITUTE TEACHERS REQUIRED: N/A substitute(s) for N/A DAYS OR N/A PERIODS

FUNDING SOURCE FOR SUBSTITUTE TEACHERS: N/A

EXPLAIN HOW THE FOLLOWING COSTS WILL BE PAID:
Parents driving their child only

TRANSPORTATION: Parent donations / Basketball Booster (Optional Summer Activity)

LODGING & OTHER: Parent donations / Basketball Booster (Optional Summer Activity)

NUMBER OF STUDENTS PARTICIPATING: Male: 15 Female: 0 Total: 15

CERTIFICATED GROUP LEADER: George Lopata CELL PHONE: _____

A minimum of two supervisors is required per bus. For overnight and out-of-state trips, a ratio of 1 supervisor per 12 students is required. Where the student group is co-ed, both male and female supervisors shall accompany the group. (Indicate supervisors' status: asterisk (*) for certificated employees; plus sign (+) for classified or other employee of the District, and number sign (#) for persons that will transport students).

NAME(S) OF MALE SUPERVISORS: Alfredo Manzano Michael White Greg Fontenette

Darren Seow

NAME(S) OF FEMALE SUPERVISORS: _____

Site Administrators shall consider adherence to Board Policies relative to transportation, supervisors, the impact of student absences from class, and the need for substitutes when approving a trip. Expenses for trips must be borne by the school or group taking the trip, with the exception of CIF playoff competition.

Site administrator verification that supervisors have been cleared: [Signature] Date: 6-4-19

Principal (signature required): [Signature] Date: 6-4-19

Superintendent: [Signature] Date: 6/20/19

Governing Board (if required): _____ Date: _____

REQUEST FOR TRIP APPROVAL

DAY TRIP OUTSIDE LOS ANGELES, VENTURA, ORANGE AND RIVERSIDE COUNTIES (East of I-215)
 OVERNIGHT / OUT-OF-STATE TRIPS

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DATE OF REQUEST: 6/10/2019 SCHOOL: Saugus High School

GROUP: Saugus ASB ADVISOR/COACH: Jeremy Fannon

TRIP DAYS/DATES: July 17th to July 20th DEPARTURE TIME: 9am(7/17) RETURN TIME: 2pm(7/20)

DESTINATION: CADA Leadership Camp at University of California at Santa Barbara

METHOD OF TRANSPORTATION: School Bus to destination / Parents transporting own student home

*IF METHOD OF TRANSPORTATION IS BY BUS, CHECK THE FOLLOWING SCHOOL BUS CHARTER BUS

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PURPOSE OR JUSTIFICATION FOR TRIP: Leadership Camp

HOW MANY DAYS/PERIODS WILL STUDENTS BE ABSENT? 0 DAYS OR 0 PERIODS

ACCOMMODATIONS (Include complete address): UC Santa Barbara Santa Barbara, California 93106 (Dorms)

NUMBER OF SUBSTITUTE TEACHERS REQUIRED: 0 substitute(s) for 0 DAYS OR 0 PERIODS

FUNDING SOURCE FOR SUBSTITUTE TEACHERS: N/A

EXPLAIN HOW THE FOLLOWING COSTS WILL BE PAID:

TRANSPORTATION: ASB

LODGING & OTHER: ASB

NUMBER OF STUDENTS PARTICIPATING: Male: 7 Female: 14 Total: 21

CERTIFICATED GROUP LEADER: Jeremy Fannon CELL PHONE: _____

A minimum of two supervisors is required per bus. For overnight and out-of-state trips, a ratio of 1 supervisor per 12 students is required. Where the student group is co-ed, both male and female supervisors shall accompany the group. (Indicate supervisors' status: asterisk (*) for certificated employees; plus sign (+) for classified or other employee of the District, and number sign (#) for persons that will transport students).

NAME(S) OF MALE SUPERVISORS: Jeremy Fannon*

NAME(S) OF FEMALE SUPERVISORS: Alicia Fannon

Site Administrators shall consider adherence to Board Policies relative to transportation, supervisors, the impact of student absences from class, and the need for substitutes when approving a trip. Expenses for trips must be borne by the school or group taking the trip, with the exception of CIF playoff competition.

Site administrator verification that supervisors have been cleared: [Signature] Date: 6-19-19

Principal (signature required): [Signature] Date: 6-19-19

Superintendent: [Signature] Date: 6/25/19

Governing Board (if required): _____ Date: _____

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OVERNIGHT / OUT-OF-STATE TRIPS

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DATE OF REQUEST: 6-3-19 SCHOOL: Valencia

GROUP: DECA ADVISOR/COACH: Dennis Mifflin

TRIP DAYS/DATES: July 15-17, 2019 DEPARTURE TIME: 9am RETURN TIME: 4pm

DESTINATION: Hilton San Diego Mission Valley 901 Camino Del Rio South San Diego, CA 92108

METHOD OF TRANSPORTATION TO DESTINATION: District Van

METHOD OF TRANSPORTATION WHILE AT DESTINATION (EX: FROM AIRPORT TO HOTEL OR HOTEL TO VENUE):
District Van

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PURPOSE OR JUSTIFICATION FOR TRIP: CTE Leadership Training

HOW MANY DAYS/PERIODS WILL STUDENTS BE ABSENT? 0 DAYS OR 0 PERIODS

ACCOMMODATIONS (Include complete address): Hilton San Diego Mission Valley 901 Camino Del Rio South San Diego, CA 92108

NUMBER OF SUBSTITUTE TEACHERS REQUIRED: 0 substitute(s) for 0 DAYS OR 0 PERIODS

FUNDING SOURCE FOR SUBSTITUTE TEACHERS: 0

EXPLAIN HOW THE FOLLOWING COSTS WILL BE PAID:

TRANSPORTATION: Perkins/incentive grant

LODGING & OTHER: Perkins/incentive grant/student fundraiser

NUMBER OF STUDENTS PARTICIPATING: Male: 3 Female: 3 Total: 6

CERTIFICATED GROUP LEADER: Dennis Mifflin CELL PHONE: _____

A minimum of two supervisors is required per bus. For overnight and out-of-state trips, a ratio of 1 supervisor per 12 students is required. Where the student group is co-ed, both male and female supervisors shall accompany the group. (Indicate supervisors' status: asterisk (*) for certificated employees; plus sign (+) for classified or other employee of the District, and number sign (#) for persons that will transport students).

NAME(S) OF MALE SUPERVISORS: * Dennis Mifflin #

NAME(S) OF FEMALE SUPERVISORS: * Lauren Miles, Janet Mifflin

Site Administrators shall consider adherence to Board Policies relative to transportation, supervisors, the impact of student absences from class, and the need for substitutes when approving a trip. Expenses for trips must be borne by the school or group taking the trip, with the exception of CIF playoff competition.

Site administrator verification that supervisors have been cleared: _____ Date: 6/5/19

Principal (signature required): _____ Date: 6/4/19

Superintendent: _____ Date: 6/14/19

Governing Board (if required): _____ Date: _____

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DATE OF REQUEST: 06/26/2019 SCHOOL: Valencia
GROUP: ASB ADVISOR/COACH: Mimsy Desaulniers
TRIP DAYS/DATES: July 17 - 20, 2019 DEPARTURE TIME: 10:00am RETURN TIME: 12:00pm
DESTINATION: UCSB - Santa Barbara, CA 93106

METHOD OF TRANSPORTATION TO DESTINATION: bus (with West Ranch)

METHOD OF TRANSPORTATION WHILE AT DESTINATION (EX: FROM AIRPORT TO HOTEL OR HOTEL TO VENUE):

*IF METHOD OF TRANSPORTATION IS BY BUS, CHECK THE FOLLOWING SCHOOL BUS CHARTER BUS

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PURPOSE OR JUSTIFICATION FOR TRIP: Leadership camp

HOW MANY DAYS/PERIODS WILL STUDENTS BE ABSENT? 0 DAYS OR 0 PERIODS

ACCOMMODATIONS (Include complete address): dorms at UCSB

NUMBER OF SUBSTITUTE TEACHERS REQUIRED: 0 substitute(s) for 0 DAYS OR _____ PERIODS

FUNDING SOURCE FOR SUBSTITUTE TEACHERS: N/A

EXPLAIN HOW THE FOLLOWING COSTS WILL BE PAID:

TRANSPORTATION: ASB

LODGING & OTHER: ASB

NUMBER OF STUDENTS PARTICIPATING: Male: 1 Female: 15 Total: 16

CERTIFICATED GROUP LEADER: Mimsy Desaulniers CELL PHONE: _____

A minimum of two supervisors is required per bus. For overnight and out-of-state trips, a ratio of 1 supervisor per 12 students is required. Where the student group is co-ed, both male and female supervisors shall accompany the group. (Indicate supervisors' status: asterisk (*) for certificated employees; plus sign (+) for classified or other employee of the District, and number sign (#) for persons that will transport students).

NAME(S) OF MALE SUPERVISORS: *Thomas Flores

NAME(S) OF FEMALE SUPERVISORS: *Mimsy Desaulniers

Site Administrators shall consider adherence to Board Policies relative to transportation, supervisors, the impact of student absences from class, and the need for substitutes when approving a trip. Expenses for trips must be borne by the school or group taking the trip, with the exception of CIF playoff competition.

Site administrator verification that supervisors have been cleared: _____ Date: 7/8/19

Principal (signature required): [Signature] Date: 7/2/19

Superintendent: [Signature] Date: 7-10-19

Governing Board (if required): _____ Date: _____

REQUEST FOR TRIP APPROVAL

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DATE OF REQUEST: 7/2/2019 SCHOOL: West Ranch High School
GROUP: ASB ADVISOR/COACH: Tracie Priske
TRIP DAYS/DATES: 7/17 - 7/20, 2019 DEPARTURE TIME: 9:00am RETURN TIME: 3:00pm
DESTINATION: UC Santa Barbara, Santa Barbara, CA 93106
METHOD OF TRANSPORTATION TO DESTINATION: School Bus (sharing with Hart HS ASB)
METHOD OF TRANSPORTATION WHILE AT DESTINATION (EX: FROM AIRPORT TO HOTEL OR HOTEL TO VENUE):
Staying on campus

*IF METHOD OF TRANSPORTATION IS BY BUS, CHECK THE FOLLOWING SCHOOL BUS CHARTER BUS

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PURPOSE OR JUSTIFICATION FOR TRIP: CADA Summer Camp

HOW MANY DAYS/PERIODS WILL STUDENTS BE ABSENT? 0 DAYS OR _____ PERIODS

ACCOMMODATIONS (Include complete address): Dorms at UCSB

NUMBER OF SUBSTITUTE TEACHERS REQUIRED: 0 substitute(s) for _____ DAYS OR _____ PERIODS

FUNDING SOURCE FOR SUBSTITUTE TEACHERS: N/A

EXPLAIN HOW THE FOLLOWING COSTS WILL BE PAID:

TRANSPORTATION: ASB Trust
LODGING & OTHER: Same as above

NUMBER OF STUDENTS PARTICIPATING: Male: 3 Female: 4 Total: 7

CERTIFICATED GROUP LEADER: Tracie Priske CELL PHONE: _____
A minimum of two supervisors is required per bus. For overnight and out-of-state trips, a ratio of 1 supervisor per 12 students is required. Where the student group is co-ed, both male and female supervisors shall accompany the group. (Indicate supervisors' status: asterisk (*) for certificated employees; plus sign (+) for classified or other employee of the District, and number sign (#) for persons that will transport students).

NAME(S) OF MALE SUPERVISORS: *Todd Arrowsmith ✓

NAME(S) OF FEMALE SUPERVISORS: *Tracie Priske ✓

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Site administrator verification that supervisors have been cleared: _____ Date: 7/2/2019
Principal (signature required): [Signature] Date: 7/2/19
Superintendent: [Signature] Date: 7/3/19
Governing Board (if required): _____ Date: _____