

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: 8/27/2019 SCHOOL: Hart High School

GROUP: Girls Varsity Volleyball ADVISOR/COACH: Mary Irlilian

TRIP DAYS/DATES: September 20 & 21, 2019 DEPARTURE TIME: 9/20 @ 8:00am RETURN TIME: 9/21 @ 8:00pm

DESTINATION: Santa Barbara High School: 700 E. Anapamu St., Santa Barbara 93103

METHOD OF TRANSPORTATION TO DESTINATION: Parents driving their own child

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

*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: Varsity Volleyball Tournament @ SBHS

HOW MANY DAYS/PERIODS WILL STUDENTS BE ABSENT? 1 DAYS OR 7 PERIODS

ACCOMMODATIONS (Include complete address): Holiday Inn Express: 17 W. Haley St., Santa Barbara 93101 805-963-9757

NUMBER OF SUBSTITUTE TEACHERS REQUIRED: 1 substitute(s) for 1 DAYS OR _____ PERIODS

FUNDING SOURCE FOR SUBSTITUTE TEACHERS: _____

EXPLAIN HOW THE FOLLOWING COSTS WILL BE PAID:

TRANSPORTATION: No cost

LODGING & OTHER: Booster club/ Parents

NUMBER OF STUDENTS PARTICIPATING: Male: 0 Female: 14 Total: 14

CERTIFICATED GROUP LEADER: Mary Irlilian 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: Sia Irlilian

NAME(S) OF FEMALE SUPERVISORS: *Mary Irlilian

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: 8/28/19

Principal (signature required): _____ Date: 8/28/19

Superintendent: _____ Date: 9/9/19

Governing Board (if required): _____ Date: _____

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 OVERNIGHT / OUT-OF-STATE TRIPS

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DATE OF REQUEST: 08-30-19 SCHOOL: Valencia
GROUP: Medical Science Academy ADVISOR/COACH: Joe Monteleone
TRIP DAYS/DATES: October 6-9, 2019 DEPARTURE TIME: 08:00am RETURN TIME: 07:00pm
DESTINATION: CA State Capitol, UC Davis, sonoma State, UC Berkeley, Univ. of Santa Clara

METHOD OF TRANSPORTATION TO DESTINATION: Coach bus

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

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PURPOSE OR JUSTIFICATION FOR TRIP: MSA Annual College Tour

HOW MANY DAYS/PERIODS WILL STUDENTS BE ABSENT? 2 DAYS OR _____ PERIODS

ACCOMMODATIONS (include complete address): Embassy Suites, 250 Gateway Blvd., So San Francisco, CA 94080, and Holiday Inn, 1700 El Camino Real, Santa Clara, CA

NUMBER OF SUBSTITUTE TEACHERS REQUIRED: 2 substitute(s) for 2 DAYS OR _____ PERIODS

FUNDING SOURCE FOR SUBSTITUTE TEACHERS: CTE

EXPLAIN HOW THE FOLLOWING COSTS WILL BE PAID:

TRANSPORTATION: CTE

LODGING & OTHER: Student Fundraising

NUMBER OF STUDENTS PARTICIPATING: Male: 20 Female: 70 Total: 90

CERTIFICATED GROUP LEADER: Joe Monteleone 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: *Joe Monteleone, *Jonathan Gedalia, *Jeff Gilkey, *Marc Kraidman

NAME(S) OF FEMALE SUPERVISORS: +Denise Fernandez, +Sherly Fletcher, +Mona Yen, *Nicole Wertz

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: 9/4/19

Principal (signature required): _____ Date: 9/4/19

Superintendent: _____ Date: 9/9/19

Governing Board (if required): _____ Date: _____

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DATE OF REQUEST: 08-30-19 SCHOOL: Valencia
GROUP: DECA ADVISOR/COACH: Dennis Mifflin
TRIP DAYS/DATES: November 8-10, 2019 DEPARTURE TIME: 12pm RETURN TIME: 2pm
DESTINATION: Sheraton Park Hotel at the Anaheim Resort, 1855 S. Harbor Blvd., Anaheim, CA 92802
METHOD OF TRANSPORTATION TO DESTINATION: District van by District approved driver
METHOD OF TRANSPORTATION WHILE AT DESTINATION (EX: FROM AIRPORT TO HOTEL OR HOTEL TO VENUE): _____

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PURPOSE OR JUSTIFICATION FOR TRIP: DECA CTE leadership event

HOW MANY DAYS/PERIODS WILL STUDENTS BE ABSENT? _____ DAYS OR 3 PERIODS

ACCOMMODATIONS (Include complete address): Sheraton Park Hotel, 1855 S. Harbor Blvd., Anaheim, CA 92802

NUMBER OF SUBSTITUTE TEACHERS REQUIRED: 1 substitute(s) for _____ DAYS OR 2 PERIODS

FUNDING SOURCE FOR SUBSTITUTE TEACHERS: Perkins or Incentive Grant

EXPLAIN HOW THE FOLLOWING COSTS WILL BE PAID:

TRANSPORTATION: Perkins or Incentive Grant, and student fundraisers

LODGING & OTHER: Perkins or Incentive Grant, and student fundraisers

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: +Melissa Jenkins ✓

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: 9/4/19

Principal (signature required): _____ Date: 9/4/19

Superintendent: _____ Date: 9/4/19

Governing Board (if required): _____ Date: _____