

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
OVERNIGHT FIELD TRIP REQUEST FORM

Name of Person Requesting Approval: Joel Carlson Your Position: Instrumental Music Teacher
Your Location/School Site: Mira Costa High School Your Work Telephone: x5238

Name/Grade Level(s) of Class Participating: 9-12

Dates of Travel: from March 21, 2015 to March 23, 2015

Name of Destination: Green Valley High School (for exchange concert on 3/23/15)

Destination Address: 460 Arroyo Grande Blvd. Henderson, NV 89014

Destination Phone Number: 702-799-0950

Name of Contact Person at Destination: _____

Reason for Travel/Educational Goal: Music Clinic, Jazz Performance, WE Exchange Concert

Number of Students Attending: Male: 42 Female: 13

*Number of Chaperones: Male: 5 Female: 4

Complete Name and Phone Number of Each Chaperone (use additional page if necessary):

1. Joel Carlson, Brent Carlson
2. Lance Wedegaertner, Danny Olivas
3. Jeff Horn, Kim Nowak
4. Karni Syed, Diane Faustgen, MD
5. Christine Itano-Cosner

A Completed and signed *Chaperone Guidelines Agreement* for each chaperone must be attached to this request form upon submission to the Board of Trustees. *There must be a minimum of two adult chaperones (one male and one female), unless all travelers are of the same gender. There must be one adult chaperone for each 10 students of the same gender. If the trip involves water activities, the ratio of chaperones shall be revised to ensure closer supervision of elementary grade students appropriate to their age.

Name of Travel Agency: none Contact: _____

(Proof of Insurance must accompany this form.)

Address: _____ City/State/Zip/Phone: _____

Method of Transportation (be specific): Bus - VIP Tours of California 800-438-1814

Name and Address of Hotel (be specific): Fiesta Henderson Hotel 777 W. Lake Mead Pkwy. Henderson

How Many Days of School Will Be Missed? 1 List School Dates Missed: 3/23/15

Will Student Participate in Water Sports, Rock Climbing or Other Hazardous Activities? no

If so, what type? _____

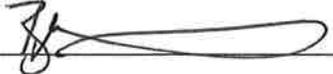
Will scholarships be provided? yes Will any cost (including sub costs) be borne by the district? no If so, why? _____

Account Number to be Charged: n/a

Board approval must be obtained before any deposits are made. Please submit your request at least 3-4 months in advance of the travel. The Board will not approve travel when the request form is incomplete. If you have additional information, please attach it to this request form. This form must be signed by the principal and the Executive Director-Educational Services prior to being submitted to the Superintendent's Office.

Signatures:

Your Signature:  Principal: 

Exec. Dir, Ed. Svcs:  Clerk, Board of Trustees: _____

Exhibit

version: May 21, 2008

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
Manhattan Beach, California