

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT OVERNIGHT FIELD TRIP REQUEST FORM

Name of Person Requesting Approval: CHRISTOPHER SMITH Your Position: SCIENCE TEACHER
Your Location/School Site: MIRA COSTA Your Work Telephone: _____

Name/Grade Level(s) of Class Participating: MARINE SCIENCE (10TH - 12TH GRADE)
Dates of Travel: from 5-16-15 to 5-18-15

Name of Destination: SAIL FROM DANA POINT TO CATALINA ISLAND

Destination Address: 24200 DANA POINT HARBOR DRIVE, DANA POINT 92629

Destination Phone Number: (949) 496-2274

Name of Contact Person at Destination: MANUEL DIAZ AT OCEAN INSTITUTE

Reason for Travel/Educational Goal: PERFORM HANDS ON MARINE SCIENCE RESEARCH

Number of Students Attending: Male: 12 Female: 8

*Number of Chaperones: Male: 2 Female: 1

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

1. CHRISTOPHER OLGA SMITH

2. KAREN CUNNINGHAM

3. BRUCE EKSTEIN

4. _____

5. _____

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: OCEAN INSTITUTE Contact: MANUEL DIAZ
(Proof of Insurance must accompany this form.)

Address: 24200 DANA POINT HARBOR City/State/Zip/Phone: DANA POINT 92629
949-496-2274

Method of Transportation (be specific): PARENTS DRIVE TO DANA POINT, SAIL TO CATALINA

Name and Address of Hotel (be specific): N/A

How Many Days of School Will Be Missed? 1 List School Dates Missed: 5-18-15

Will Student Participate in Water Sports, Rock Climbing or Other Hazardous Activities? YES

If so, what type? KAYAKING, SNORKELING

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: _____

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