

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT OVERNIGHT FIELD TRIP REQUEST FORM

Name of Person Requesting Approval: Debbie Dreiling Your Position: teacher
Your Location/School Site: Robinson Your Work Telephone: x3208

Name/Grade Level(s) of Class Participating: Fifth grade
Dates of Travel: from Wednesday, April 22 to Friday, April 24
Name of Destination: Marine Science Adventure Camp
Destination Address: 22B Two Harbors Rd., Avalon, CA 90701
Destination Phone Number: 310/519-3172
Name of Contact Person at Destination: Kayla Furmanek
Reason for Travel/Educational Goal: Science Camp
Number of Students Attending: Male: 31 Female: 33
*Number of Chaperones: Male: 5 Female: 6

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

- | | |
|------------------------|-------------------------|
| 1. <u>Janet Dargan</u> | 6. <u>Seth Davis</u> |
| 2. <u>Jenny Hsieh</u> | 7. <u>Steve Raffney</u> |
| 3. <u>Kim Sussman</u> | 8. <u>Harvey Moss</u> |
| 4. <u>Eric Barnett</u> | |
| 5. <u>Jason Cobb</u> | |

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: N/A Contact: _____
(Proof of Insurance must accompany this form.)
Address: _____ City/State/Zip/Phone: _____

Method of Transportation (be specific): Pacific Coachways Buses & Catalina Classic Cruises
Name and Address of Hotel (be specific): N/A
How Many Days of School Will Be Missed? 3 List School Dates Missed: 4/22, 4/23, 4/24
Will Student Participate in Water Sports, Rock Climbing or Other Hazardous Activities? Yes
If so, what type? Snorkeling & Kayaking
Will scholarships be provided? No Will any cost (including sub costs) be borne by the district? _____ 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: Debbie Dreiling Principal: [Signature]
Exec. Dir, Ed. Svcs: [Signature] Clerk, Board of Trustees: _____

Exhibit
version: May 21, 2008

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
Manhattan Beach, California