

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
OVERNIGHT FIELD TRIP REQUEST FORM

Name of Person Requesting Approval: Karina Gerger Your Position: Assistant Principal
Your Location/School Site: MBMS Your Work Telephone: 310-545-4878

Name/Grade Level(s) of Class Participating: 6th Grade
Dates of Travel: from March 30, 2015 to April 3, 2015

Name of Destination: Pali Mountain Institute
Destination Address: 30778 Highway 18, Running Springs, CA 92382
Destination Phone Number: 909-8675743

Name of Contact Person at Destination: Alicia Gerber
Reason for Travel/Educational Goal: Science Camp

Number of Students Attending: Male: 235 Female: 219
*Number of Chaperones: Male: 7 Female: 11

- Complete Name and Phone Number of Each Chaperone (use additional page if necessary):
1. See attached.
 2. _____
 3. _____
 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: _____ Contact: _____
(Proof of Insurance must accompany this form.)
Address: _____ City/State/Zip/Phone: _____

Method of Transportation (be specific): Bus: Pacific Coachways; American Transportation Siteseeing;
~~Name and Address of Hotel (be specific):~~ Certified Transportation; Transportation Charter Services

How Many Days of School Will Be Missed? 5 List School Dates Missed: Mar 30-April 3
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: _____

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: _____

Science Camp Staff 2015

Teachers (13)

Cassidy Baker

Kristina Atia

Garrett Romines

Lindsey Valbuena

Michelle Luke

David Carr

Duke Winsler

Stacey Cooke

Jeff Amaral

Myra Karas

Trisha Gonzalez

Edward Naves

Raeann Marti

Support Staff

Cindy Sharp

Dallas Knocke

Tera Stoneberg

Tim Lucas

Crystal Sterns