

E6153

# **MANHATTAN BEACH UNIFIED SCHOOL DISTRICT OVERNIGHT FIELD TRIP REQUEST FORM**

Name of Person Requesting Approval: James Locke Your Position: Teacher  
 Your Location/School Site: Manhattan Beach Middle School Your Work Telephone: (310) 545-4878

Name/Grade Level(s) of Class Participating: Science Elective 7/8  
 Dates of Travel: from March 27, 2015 to March 29, 2015  
 Name of Destination: CIMI Catalina  
 Destination Address: Fox Landing, PO Box 1890 Avalon, 90704  
 Destination Phone Number: 1 (310) 510-1890  
 Name of Contact Person at Destination: Charlie  
 Reason for Travel/Educational Goal: Field experience/leadership for STEM Class  
 Number of Students Attending: Male: 30 Female: 30  
 \*Number of Chaperones: Male: 3 Female: 3

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

1. James Locke
2. Dave Bakalyar
3. Eddie Naves
4. Maggie Mabery
5. Rachel Thomas 6. Stacey Cooke

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: Catalina Classic Cruises Contact: 6.  
 (Proof of Insurance must accompany this form.)  
 Address: 1046 Queens Hwy City/State/Zip/Phone: Long Beach, CA, 90802

Method of Transportation (be specific): Bus and boat  
 Name and Address of Hotel (be specific): Fox Landing CIMI Camp  
 How Many Days of School Will Be Missed? 1 List School Dates Missed: 3/6/15  
 Will Student Participate in Water Sports, Rock Climbing or Other Hazardous Activities? yes  
 If so, what type? snorkeling, ropes course, hiking  
 Will scholarships be provided? costs all cost Will any cost (including sub costs) be borne by the district? yes If so, why? Covered by STEM Grant  
 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: [Signature] Principal: [Signature]  
 Exec. Dir, Ed. Svcs: [Signature] Clerk, Board of Trustees: \_\_\_\_\_

Exhibit  
 version: May 21, 2008

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT**  
 Manhattan Beach, California