

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT OVERNIGHT FIELD TRIP REQUEST FORM

Name of Person Requesting Approval: Wayne Knutson Your Position: MUN Co-Advisor
Your Location/School Site: Mira Costa Your Work Telephone: 310-908-4154

Name/Grade Level(s) of Class Participating: American Foreign Policy/Model UN, grades 10-12
Dates of Travel: from 3/2/15 to 3/8/15
Name of Destination: National High School Model UN
Destination Address: New York, NY
Destination Phone Number: sgnhsmun@imuna.org
Name of Contact Person at Destination: Shirley Wu
Reason for Travel/Educational Goal: Model UN competition
Number of Students Attending: Male: 20 Female: 20
*Number of Chaperones: Male: 3 Female: 3

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

1. Wayne Knutson 310
2. Robert Timberlake, teacher Mira Costa
3. Karen Timberlake, spouse
4. Annie Choi, teacher Mira Costa
5. Ray Lee, security, Mira Costa; Judi Walley, parent and president of Model UN Booster Club

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

Method of Transportation (be specific): Flight to and from New York Airport, bus to and from hotel

Name and Address of Hotel (be specific): Park Central Hotel

How Many Days of School Will Be Missed? 5 List School Dates Missed: 3/2-3/6/15

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: _____

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. Srvs : _____ Clerk, Board of Trustees: _____