

May 20

Print Form

E6153

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: Manhattan Beach Middle School Your Work Telephone: 310-545-4878x3002

Name/Grade Level(s) of Class Participating: 8th Grade GATE Students
 Dates of Travel: from 6-2-15 to 6-3-15
 Name of Destination: Hess Kramer Camp
 Destination Address: 11495 Pacific Coast Highway, Malibu, CA 90265
 Destination Phone Number: 310-452-7992
 Name of Contact Person at Destination: Marissa Chagolla
 Reason for Travel/Educational Goal: Enrichment for 8th Grade GATE Students
 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. Karina Gerger, Maggie Mabery, Hilary Cherry
2. Ben Dale, James Locke, Eddie Naves
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: N/A Contact: _____
 (Proof of Insurance must accompany this form.)
 Address: _____ City/State/Zip/Phone: _____

Method of Transportation (be specific): Bus
 Name and Address of Hotel (be specific): N/A
 How Many Days of School Will Be Missed? 2 List School Dates Missed: 6/2/15-6/3/15
 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? _____ 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