Palisades Charter High School

REQUEST FOR APPROVAL OF SCHOOL-ORGANIZED TRIP FOR STUDENTS

Che	ck the appropriate box: Field Trip School Journey Curricular Trip Athletic Tri Curricular Buss Tour OTHER (Describe)
Nam Scho	e of Employee Supervising trip COACH BUD KLING Certified Von-Cert.
Tele	ohone Number(310) 230-6623
1.	Destination Christian Tennis CLASSIC Are admission fees charged? Yes No
2.	Dates of Trips $2/28 - 3/2/19$ 3. Number of Students $12 - 19$ Number of adults $19 - 19$
4.	Name and employee number of employee who will go on trip: E. L. ICLING 142193
5.	Substitute required? Yes No How Many? Source of funds
6.	Time schedule required by school: Leave School Arrive destination Return school Return school
7.	Leave destinationReturn school
8.	Method of transportation: School bus (indicate number required) Walking Automobile Public Carrier: airplane boat bus train other (explain)
9.	Brief description of educational benefit to be derived form this activity. Please state specifically as an instructional objective (not required for athletic trips of Youth Services Activities) The students will
10.	Source of funds for trip TEAM ACCOUNT: ENTRY FEE CODGING - ATTACETES PARCENTS
	NOTE: It is illegal to charge students or parents for participation in any activity for which ADA will be taken.
11.	Have the locations of the nearest emergency facilities been obtained? Yes No
12.	Have forms for parent's or guardian's permission been obtained? Yes No
13.	If hiking or camping activity:
	a. Have the ranger, sheriff, police or other emergency personnel been notified of intent to be in the area? Yes No
	b. Has the area been checked for potential hazards? Yes No
	C. Has the School Police Department been notified of the trip? YesNo
Board	of Trustees* Date:

* ONLY TRIPS INVOLVING SITES NOT ON APPROVED LIST MUST BE PROCESSED THROUGH THE PALISADES CHARTER HIGH SCHOOL BOARD OF TRUSTEES.