## Palisades Charter High School

## REQUEST FOR APPROVAL OF SCHOOL-ORGANIZED TRIP FOR STUDENTS

	eck the appropriate box: Field Trip School Journey Curricular Trip Athletic Tr
	ne of Employee Certified ool: Palisades Charter High School Supervising trip NEWBIU 5 SHARE Non-Cert
Tele	ephone Number (310) 230-6623 Grade levels (Circle) 9 10 11(12) OTHER
1.	Destination CIMI CATALINA CAMP Are admission fees charged? Yes No
2.	Dates of Trips March 1-3, 2023 3. Number of Students 140 Number of adults 14
4.	Name and employee number of employee who will go on trip: NewBill, SHARFI, SCHON, STEIL, CARINI
5.	Substitute required? Yes X No How Many? 4 Source of funds M.S. Flew Trust
6.	Time schedule required by school: Leave School 6:45 AM ON 3/1 Arrive destination Return school 5:00 PM ON 3/3
7.	Duration of trip: Less than one day One day Overnight(if overnight, how many days?) 3 bays
8.	Method of transportation: School bus (indicate number required) 4 WalkingAutomobile  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  Source of funds for trip  Parents  Parent
	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
	Yes No  b. Has the area been checked for potential hazards? Yes No
	c. Has the School Police Department been notified of the trip? Yes No
	OVALS: pal or Asst. Principal Date:
	of Trustees* Date:
SCH	Y TRIPS INVOLVING SITES NOT ON APPROVED LIST MUST BE PROCESSED THROUGH THE PALISADES CHARTER HIGH DOL BOARD OF TRUSTEES.

Request for Approval of School Organized Trip

Revised January 2012

## Palisades Charter High School

## REQUEST FOR APPROVAL OF SCHOOL-ORGANIZED TRIP FOR STUDENTS

		e appropriate box:  Field Trip  School Journey  Curricular Trip  Athletic Tricular Buss Tour  OTHER (Describe)  Conference		
Name Scho		Employee Certified X  Supervising trip Mr. David Pickard IV Non-Cert.		
Telep	hone	Number (310) 230-6623 Grade levels (Circle) 9 10 11 12 OTHER		
1.	Des	stination 6101 W Century Blvd. LA, CA 90045 Are admission fees charged? Yes X No		
2.		es of Trips February 4-5, 2023 3. Number of Students 15 Number of adults 2		
4.	Nan	ne and employee number of employee who will go on trip: David Pickard IV		
5.	Sub	stitute required? Yes No X How Many? Source of funds		
6.	Time	e schedule required by school: Leave School N/A Arrive destination 8:00 a.m. ve destination 5:00p.m. Return school N/A		
7.	Dura	ation of trip: Less than one day One day Overnight X(if overnight, how many days?)2		
8.	Meth Publ	hod of transportation: School bus (indicate number required) WalkingAutomobile X lic Carrier: airplane boat bus train other (explain)		
9.	U.S	f description of educational benefit to be derived form this activity. Please state specifically as an instructional objective (not lired for athletic trips of Youth Services Activities)  The students will listen to keynote speakers, debate in mock is legislative sessions, participate in thought-talks, as well as evening social activities.		
	NOT	E: It is illegal to charge students or parents for participation in any activity for which ADA will be taken.		
11.		e the locations of the nearest emergency facilities been obtained? Yes X No		
12.		e forms for parent's or guardian's permission been obtained? Yes X NoNo		
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? Yes No		
<b>APPR</b> Princip		LS: Asst. Principal Date:		
		ustees* Date:		
		PS INVOLVING SITES NOT ON APPROVED LIST MUST BE PROCESSED TURNING THE DATA AREA OF THE PARTY.		

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

Request for Approval of School Organized Trip