Submit by Email

Print Form

Palisades Charter High School

REQUEST FOR APPROVAL OF SCHOOL-ORGANIZED TRIP FOR STUDENTS

	ck the appropriate box: Field Trip Curricular Buss Tour OTHER (Desc			Athletic Trip	
Nam Scho	e of ool: Palisades Charter High School	Employee Supervising trip <i>Kolavo, Brad</i>	Certified	d <u>× </u>	
Tele	phone Number (310) 230-6623	Grade levels (Circle) 9 10 11 12 (OTHER		
1.	Destination Anaheim Marriott	Are admission fees charge	d? Yes x No_		
2.	Dates of Trips <u>3/7 - 3/10</u>	3. Number of Students 54	Number of adults 4	_	
4.	Name and employee number of employee who will go on trip: Brad Kolavo				
5.	Substitute required? Yes <u>x</u> No	How Many? 1	Source of funds CTE	_	
6.	Time schedule required by school: Leave Sch Leave destination <u>March 10 11:30am</u>	nool March 7 at Lunch Return school March 10 1pm	Arrive destination March 7 by	2pm	
7.	Duration of trip: Less than one day One d				
8.	Method of transportation: School bus (indicate number required) Walking Automobile Public Carrier: airplane boat bus x train other (explain) Charter Bus through American Transportation				
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 attend the 2024 State Career Development Conference for DECA in Anaheim				
10.	Source of funds for trip				
	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	Have the locations of the nearest emergency facilities been obtained? Yes x NoNo			
12.	Have forms for parent's or guardian's permission been obtained? Yes <u>x</u> 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? Yes No				
APP Princ	ROVALS: cipal or Asst. Principal		Date:		
Boar	d of Trustees*		Date:	_	

* 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



QUICK REGISTRATION GUIDE

California DECA State Career Development Conference

March 7-10, 2024 Anaheim Marriott

Registration Link:

www.decaregistration.com/ca

Registration Fee:

\$85.00 per participant

Hotel:

Anaheim Marriott 700 W. Convention Way Anaheim, CA 92802

Hotel Fee:

\$722.79 per room including taxes and fees, for all three required-stay nights

Send Hotel & Registration Payments to:

California DECA PO Box 1440 Owasso, OK 74055

Event Limitations:

- One Series Event & One Written Event
- See Conference Policies & Procedures
 Document for list of eligible events

Key Dates:

Registration Deadline:

- February 6, 2024
- See Checklist on next page
- Completed in Registration Portal
- Check postmarked by this date

Hotel Deadline:

- February 6, 2024
- Detailed instructions on Form C
- Completed in Registration Portal
- No changes to housing after this date
- Check postmarked by this date

Change/Drop Deadline:

- February 12, 2024 by 5:00pm
- No Event Changes After This Date

Written Events Deadline:

- All Written Projects (10 & 20 Pagers)
- Written entry submission window February 13-15, 2024
- Must be uploaded online by 5:00pm of Thursday, February 15
- Detailed instructions on Form D

Palisades Charter High School

15777 Bowdoin St. • Pacific Palisades • California 90272 (310) 230-6623 • FAX (310) 454-6328

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Stuff

hisa Baxon, Zofia Lamprech CONFERENCE/TRAVEL REQUEST FORM yrna Cenantes Shirin Ramzi Angelica Peregra Lucia Pere Employee Attendee(s) Name(s): elina Aleman Aurora Martinez Department/Site: Unirea Date of Request: 10-19-70 Name of Conference/Activity: Preparate Organization/Company Holding the Conference/Activity: Oleve Brown Location of Conference/Activity: Austin Texas Date(s) of Conference/Activity: April Purpose/Rationale (How will this conference/activity be of value to the school?) Preparate highlights national that are successfully preparing Latinx students for calling. We will discuss new salutions to Cost Estimate (if one form is being submitted for multiple people, be sure to include all costs for all individuals): a difference of Reimburse-Pali to Pay ment **Estimated Expenditures** Directly Requested Cost Conference Registration people \$ 650 per person 7150 Certificated Substitute(s) 180 per day (sal. & stat. ben.) Per terno 7920 7920 Travel - Mileage miles 0.5750 per mile Travel - Airfare people per person 3850 \$ 3850 Travel - Ride Sharing Type total amount into "cost" is cheaper if we go Svs/Taxi/Shuttle cell an Lodging nights \$300.00 per night (\$ 6000 -6000 Meals 40 per day Breakfasts @ 10.00 per meal 10.00 per meal Lunches @ \$ for 11 porticepartes **Dinners** 20.00 per meal Other (Parking, Tolls, Conference Materials, etc.) - please list below: TOTAL APPROXIMATE COST AMOUNT APPROVED without prior approval from an administrator. Upon returning from an approved event, attendee must submit an itemized Request for Reimbursement and/or a Mileage Report & Reimbursement Claim form with a copy of this form, the activity agenda/program, and all original itemized receipts for any out of pocket expenses to supervisor within 3 to 5 days of return. Expenses submitted without original itemized receipts will not be reimbursed. Requestor Signature: Executive Director Approval: Date: Funding Source: SACS Code: Will costs be reimbursed by another organization? Yes/No If so, what organization? Board of Trustee/Designee Approval: Date: Board Approval Date (if applicable): **Business Office Review** (initial) (date)