Submit by Email

Print Form

Palisades Charter High School

REQUEST FOR APPROVAL OF SCHOOL-ORGANIZED TRIP FOR STUDENTS

Check the appropriate box: Field Trip Curricular Buss Tour OTHER (Desc			Athletic Trip
Name of School: Palisades Charter High School	Employee Supervising trip	Ce No	rtified n-Cert
Telephone Number (310) 230-6623			
 Destination SAN Diego Dates of Trips APRIL 10,11,12,15 	Are admission fees charged	? Yes VES	No
2. Dates of Trips APRIL 10,11,12,13	3. Number of Students 1	Number of adults	4
4. Name and employee number of employee wh	o will go on trip: MICHAEL L	DELKEL	
5. Substitute required? Yes No	How Many?	Source of funds BASE	BALLACCONT
6. Time schedule required by school: Leave School Leave destination	noolA	Arrive destination	7
7. Duration of trip: Less than one day One d	ay Overnight(if overnight	nt, how many days?)	3
Method of transportation: School bus (indicate Public Carrier: airplane boat _	number required) Walking bus train	Automobile	(explain)
9. Brief description of educational benefit to be derequired for athletic trips of Youth Services Act	ctivities) The students will BASE	EBALL TOURAL	NENT
10. Source of funds for trip	L ACCOUNT		
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			
12. Have forms for parent's or guardian's permiss	ion been obtained? Yes	No_i	spring break
13. If hiking or camping activity:			v
Have the ranger, sheriff, police or other Yes No	r emergency personnel been notified of i —	ntent to be in the area?	
N b. Has the area been checked for potential	al hazards? Yes No		
N C. Has the School Police Department bee	n notified of the trip? Yes	No	
APPROVALS: Principal or Asst. Principal Yam M 9	yel	Date:////	12017
Board of Trustees*		/ /	

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

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