

CIMI TRIP 3/1 - 3/3

Submit by Email

Print Form

Palisades Charter High School

REQUEST FOR APPROVAL OF SCHOOL-ORGANIZED TRIP FOR STUDENTS

Check the appropriate box: [X] Field Trip [] School Journey [X] Curricular Trip [] Athletic Trip [] Curricular Buss Tour [] OTHER (Describe) _____

Name of Employee Certified [X] School: Palisades Charter High School Supervising trip K. NEWBILI Non-Cert. _____

Telephone Number (310) 230-6623 Grade levels (Circle) 9 10 11 [12] OTHER _____

1. Destination CATALINA CRUISE @ LONG BEACH (NEAR QUEEN MARY) CIMI CAMP / CATALINA ISLAND Are admission fees charged? Yes [X] No _____

2. Dates of Trips MARCH 1, 2, 3 2017 3. Number of Students 80 Number of adults 5

4. Name and employee number of employee who will go on trip: K. NEWBILI J. AGIUS

5. Substitute required? Yes [X] No _____ How Many? 2 FOR 3 DAYS Source of funds DONATIONS TO TRUST ACCT

6. Time schedule required by school: Leave School 7 AM ON 3/1 Arrive destination 8:30 AM Leave destination 2 PM ON 3/3 Return school 4 PM ON 3/3

7. Duration of trip: Less than one day _____ One day _____ Overnight [X] (if overnight, how many days?) 3 DAYS

8. Method of transportation: School bus (indicate number required) 2 Walking _____ Automobile _____ Public Carrier: airplane _____ boat _____ bus _____ train _____ other _____ (explain) _____

9. Brief description of educational benefit to be derived from this activity. Please state specifically as an instructional objective (not required for athletic trips of Youth Services Activities) The students will MARINE BIOLOGY CAMP

10. Source of funds for trip PARENT DONATIONS

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 [X] No _____

12. Have forms for parent's or guardian's permission been obtained? Yes [X] 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 [X] 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 _____

APPROVALS: Principal or Asst. Principal Pam Magee Date: 1/11/17

Board of Trustees* _____ Date: _____

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

CIMI TRIP 3/1-3/3

Palisades Charter High School
 Transportation Office
 15777 Bowdoin St.
 Pacific Palisades, CA 90272



Bus Request Form

Event Date:	ONE WAY				
	MARCH 1, 2017		MARCH 3, 2017		
Destinations: Full Address	#1 CATALINA CLASSIC CRUISES 1046 QUEENS HWY. LONG BEACH, CA. 90802		#2 ONE WAY PICK ← UP ON FRI. 3/3 @ 2PM		
Storage Needs, Special Instruction	LUGGAGE & SLEEPING BAGS FOR 85 PEOPLE				
Pick-Up Time from PCHS	3/1/17 6:50 AM	Departure Time: (From Destination1)	ARRIVE BY 8:30 AM	Arrival Time: (To Destination2)	
	3/3/17 PICK UP @ BOAT	Departure Time: (From Destination2)	2 PM	Arrival Time: (Back to PCHS)	4:00 PM
No. of Students	80	No. of Adults	5	Total No. of Passengers	85

Requested by: K. NEWBILL

For: _____

Department: SCIENCE Ext: _____ Email: knewbill@palihigh.org

Requester Signature: [Signature] Date: 1/10/17

For Use by Transportation Office Only:

Number of Buses Needed (Including Size): _____

Base Price:	
Overtime:	
Extra Mileage:	

Total Price:
 (Approximately) _____

Bus Ordered on: _____ Requester Notified by: Email / Phone / Person

Request Completed by: _____ Date: _____