

Palisades Charter High School

REQUEST FOR APPROVAL OF SCHOOL-ORGANIZED TRIP FOR STUDENTS

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

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

Telephone Number (310) 230-6623 Grade levels (Circle) 9 10 11 [2] OTHER _____

1. Destination WHALE WATCHING DOCK 52 13552 FIJI WAY MDR 90292 Are admission fees charged? Yes [X] No _____ 2. Dates of Trips MARCH 20 & 21, 2017 3. Number of Students 50 Number of adults 5 4. Name and employee number of employee who will go on trip: K. NEWBIL

5. Substitute required? Yes [X] No _____ How Many? 1 PER DAY Source of funds MAR. BIO. TRUST ACCT.

6. Time schedule required by school: Leave School 8 AM Arrive destination 8:30 AM Leave destination 1:30 PM Return school 2:00 PM

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

8. Method of transportation: School bus (indicate number required) 1 PER DAY 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 WHALE WATCHING

10. Source of funds for trip MAR. BIO. TRUST ACCT

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 [] 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 [Signature] 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.

WHALE WATCHING 3/20 & 21

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



Bus Request Form

Event Date:	3/20 & 3/21				
Destinations: Full Address	#1 DOCK 52 13552 FIJI WAY MARINA DEL REY, CA. 90292			#2	
Storage Needs, Special Instruction					
Pick-Up Time from PCHS	8 AM	Departure Time: (From Destination1)	8:30	Arrival Time: (To Destination2)	
		Departure Time: (From Destination2)	1:30	Arrival Time: (Back to PCHS)	2 PM
No. of Students	50 EACH DAY	No. of Adults	5 EACH DAY	Total No. of Passengers	55 EACH DAY

Requested by: NEWBIR

For: NEWBIR

Department: SCIENCE Ext: _____ Email: _____

Requester Signature: [Signature] Date: 4/10/17

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: _____