

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 School: Palisades Charter High School Employee Supervising trip: K. NEWBIL Certified Non-Cert.

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

1. Destination CATALINA ISLAND CIMI: MARINE INSTITUTE Are admission fees charged? Yes [X] No

2. Dates of Trips FEB. 27 - MAR. 1, 2019 3. Number of Students 80 Number of adults 6

4. Name and employee number of employee who will go on trip: NEWBIL; VIETRA; AGIUS; DEWEESE

5. Substitute required? Yes [X] No How Many? 3 -> NEWBIL 3 -> AGIUS Source of funds M.S. FIELD TRIP TRUST

6. Time schedule required by school: Leave School 7 AM ON 2/27 Arrive destination 8:30 IN LONG BEACH
Leave destination 4 PM ON 3/1 Return school 5:30 PM

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) 3 EACH WAY 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 SCIENCE CAMP

10. Source of funds for trip PARENTS PAY

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 Date:
Board of Trustees* Date:

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



Bus Request Form

Event Date:	2/27/19				
Destination: (Include Full Address)	CATALINA CLASSIC CRUISES 1046 QUEENS HWY LONG BEACH 90802 * ONE WAY TRIP *				
Storage Needs:	LUGGAGE & SLEEPING BAGS FOR 86 PEOPLE None				
Pick-Up Time:	6:45 AM	Departure Time: (From Destination)		Arrival Time: (Back to PCHS)	
No. of Students	80	No. of Adults	6	Total No. of Passengers	86

Requested by: ~~Susan Darvish~~ K. NEWBUI

For: K. NEWBUI

Department: CTE Ext: 6631 Email: sdarvish@palihigh.org

Requester Signature: [Signature] SUSAN DARVISH Date: _____

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: SUSAN DARVISH Date: _____



Bus Request Form

Event Date:	3/1/19				
Destination: (Include Full Address)	PICK UP @ CATALINA CLASSIC CRUISES 1046 QUEENS HWY LONG BEACH 90802				
Storage Needs:	LUGGAGE & SLEEPING BAGS FOR 86 PEOPLE None				
Pick-Up Time:	2:30 PM IN L.B.	Departure Time: (From Destination)		Arrival Time: (Back to PCHS)	4:30 PM
No. of Students	80	No. of Adults	6	Total No. of Passengers	86

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For: _____

Department: CTE Ext: 6631 Email: sdarvish@palihigh.org

Requester Signature: Weil ~~SUSAN DARVISH~~ Date: _____

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Base Price:	
Overtime:	
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Total Price:
 (Approximately) _____

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

Request Completed by: SUSAN DARVISH Date: _____