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EDUCATIONAL SERVICES

Instruction E(4) 6153
SCHOOL-SPONSORED TRIPS

San Leandro Unified School District
STUDY/FIELD TRIP APPROVAL FORM

Name of School: San Leandro HS Date: 9/3/14

DECA
Name of Group

Number of students: (males) 1 (female's) 3

Teacher(s): Maynard
Fergoso

Classes taken: Periods 1, 2, 3, 4, 5, 6 (circle)
(if applicable)
Substitute need for: (1) (2) (3) (4) (5) 6 (circle)
(if applicable)

Destination (Location): Orlando Florida

Address: TBD

Dates of Trip: Leave School: 4/24/15 Time: 645 am

Return to School: 4/30/15 Time: 3 pm

Purpose of Trip: Int'l Career Development Conference

Chaperones Names: (males) Ocon

Chaperones Names: (females) Maynard Fergoso

Types of transportation: ***(Appropriate forms must be completed.)***
Charter Bus: _____ Cost: _____
(See Business Services for current approved listing)

Private Car: _____ *(Students must have parent permission to drive and are not to drive outside the immediate area.)*
(Insurance form needed)

Other: AIR Note Specifics: TBD

All anticipated absence forms (if necessary), parent approval forms, medical forms, emergency phone numbers and other appropriate information must be submitted to the office of the Principal prior to departure.

Approval: _____ Date: 1/13/15
Signature of Principal

For Overnight Trips Only: _____ Date: _____
Signature of Superintendent or designee

Board Approval Date: _____ (If Applicable). If request is denied, reason(s) for denial: _____

E(4a) 6153 Study/Field Trip Checklist must accompany this form

Exhibit
version reviewed: August 19, 2003; December 2, 2008

SAN LEANDRO UNIFIED SCHOOL DISTRICT
San Leandro, California

INSTRUCTION E(4a) 6153
SCHOOL-SPONSORED TRIPS

San Leandro Unified School District
STUDY/FIELD TRIP CHECKLIST

(Must be submitted with Study/Field Trip Approval Form E(4) 6153)

Name of School: San Leandro HS Name of Group: DECA

Contact Person: Deborah Maynard Phone # 510 618-4600 X 2406

Date of Trip: 4/24/15 Location of Trip Orlando Florida

Please check the following requirements completed for which you are responsible to ensure students and staff a safe study/field trip:

- ☒ Arranged for substitutes (if applicable)
  If sub required, how will cost be covered? ROP
- ☒ Volunteer Requirements met
- ☒ Funding for trip
- ☒ Transportation
- ☒ Proof of Insurance for transportation
- ☒ Certificate of Insurance/Proof of Liability (for SLUSD or Organization) if required
- ☒ Required Chaperone Ratio (male and female)
- ☒ Signed Permission Slips
- ☒ Sleeping Arrangements (overnight/out-of-state trips):
  Type: Hotel