San Leandro Unified School District
STUDY/FIELD TRIP APPROVAL FORM

Name of School: SLHS Date: 9/6/2017

Notables
Name of Group

Number of students: (males) 4 (females) 13

Teacher(s): Susan Dent

Classes taken: Periods 1, 2, 3, 4, 5 (6) - only Notables
(if applicable) (circle)
Substitute need for: (1, 2, 3, 4, 5, 6) - At various sites
(if applicable) (circle)

Destination (Location): New York - Roosevelt Hotel

Address: 45 E. 45th St, New York, NY 10017

Dates of Trip: Leave School: 3/1/18 Time: 8:00 am

Return to School: 3/5/18 Time: 9:00 pm

Purpose of Trip: Performance at Carnegie Hall

Chaperones Names: (males) Marc Fehr

Chaperones Names: (females) Jill Stowe, Celia Boutiette

Types of transportation: ***(Appropriate forms must be completed.)***
Charter Bus: _____ Cost: _____
(See Business Services for current approved listing) **(See page E4a)**

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

Other: Air - United Airlines Note Specifics: Flights UA 535/UA 1885

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: 10/16/17
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: August 19, 2003
version: December 2, 2008
reviewed: June 24, 2014

SAN LEANDRO UNIFIED SCHOOL DISTRICT
San Leandro, California

San Leandro Unified School District
STUDY/FIELD TRIP CHECKLIST

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

Name of School: SLHS
Name of Group: Notables
Contact Person: Susan Dent
Phone # 510 655-4954
Date of Trip: 3/1/18-3/5/18
Location of Trip New York

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

- [x] Arranged for substitutes (if applicable)
  If sub required, how will cost be covered? Notables Account
- [x] Volunteer Requirements met
- [x] Funding for trip Parent Donations/Fundraising
- [x] Transportation United Airlines
- [ ] Proof of Insurance for transportation
- [ ] Certificate of Insurance/Proof of Liability (for SLUSD or Organization) if required
- [x] Required Chaperone Ratio (male and female)
- [ ] Signed Permission Slips
- [x] Sleeping Arrangements (overnight/out-of-state trips):
  Type: Hotel - Roosevelt Hotel in NY