San Leandro Unified School District
STUDY/FIELD TRIP APPROVAL FORM

Name of School: San Leandro High School Date: January 7, 2019

San Leandro DECA — Number of students: (males) 1 (females) 2
Name of Group

Teacher(s): Romy Shivers-Adeyemi — Classes taken: Periods (if applicable) 1, 2, 3, 4, 5, 6 (circle)

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

Destination (Location): DECA Conference Renaissance at Sea World

Address: 6677 Sea Harbor Drive Orlando, FL

Dates of Trip: Leave School: April 26, 2019 Time: 7:00 a.m.

Return to School: May 1, 2019 Time: 7:30 p.m.

Purpose of Trip: DECA International Career Development Conference

Chaperones Names: (males) N/A

Chaperones Names: (females) Romy Shivers-Adeyemi

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* **(Insurance form needed)** *and are not to drive outside the immediate area.)*

Other: Airplane Note Specifics: _____

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: _____
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]

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 High Name of Group: San Leandro DECA

Contact Person: Romy Shivers-Adeyemi Phone # (510) 798-1867

Date of Trip: May 1, 2019 Location of Trip Orlando, FL

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? _____
- ☐ 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