



# Bishop Union High School Overnight Field Trip Planning Form

THIS PAGE MUST BE RETURNED TO PRINCIPAL 6 WEEKS PRIOR TO  
EVENT FOR BOARD APPROVAL

GROUP/CLUB NAME: PLUS

TRIP DATES: 11/14-11/15

NUMBER OF SCHOOL DAYS MISSED 1

TRIP DESTINATION: modesto

PURPOSE OF TRIP Student Leadership Training

PROPOSED NUMBER OF STUDENTS: 16

APPROXIMATE TOTAL COST: \$1,500<sup>00/100</sup>

COMPLETED PACKET (ATTACHED) MUST BE TURNED IN 3 WEEKS PRIOR TO TRIP.

# Over Night (Extended) Field Trip Request

- 1. Trip Dates 11/14-11/15
- 2. Teacher in Charge Kathleen Stout
- 3. Destination modesto
- 4. Purpose of Trip PLUS Student Leadership
- 5. Class/Group 16 / PLUS Number of Students \_\_\_\_\_
- 6. Departure Date/Time/Place 11/14/17 3:30pm Return Date/Time/Place 11/15/17 8pm
- 7. Estimated Miles to Destination 216-313 depending on pass open
- 8. Mode of Transportation School Vans  
*It is agreed that students will not ride in the back of pick-up trucks, with or without campers or shells, or in motorized campers or camper vans. All vehicles must be equipped with seat belts and all occupants must be securely buckled.*
- 9. List private drivers (license # and proof of insurance must be on file with the Main Office for each driver)  
Kathleen Stout
- 10. Total cost of Trip (list detailed breakdown for travel, food, lodging, etc.) \$1,500 800<sup>00</sup> registration
- 11. Funding Source slager grant
- 12. Cost to each student dinner 2 nights
- 13. Number of students attending 16 Number of teachers 2 Number of school days missed 1
- 14. Number of chaperones 2 Names of chaperones \_\_\_\_\_
- 15. Name, address, and phone number of hotel/motel/accommodations where trip participants will be housed overnight during the trip \_\_\_\_\_
- 16. List adults with current First Aid Training no
- 17. All students have medical insurance? Yes or No or unknown
- 18. Any students with special medical conditions/potential medical problems? Yes or No
- 19. Miscellaneous \_\_\_\_\_

**Staff-In-Charge:**  
Fill this packet out completely and give to Principal - 3 weeks prior to trip.  
Keep a copy for yourself.

Any changes in the above information must be reported to the principal prior to departure.

Staff Signature Kathleen Stout Date 10/23/2017  
Principal's Approval [Signature] Date 10/23/2017

# FIELD TRIP POSTING

## OVERNIGHT (EXTENDED)

PLEASE POST ON THE MAIN OFFICE BULLETIN BOARD

WHAT GROUP is traveling PLUs

DESTINATION Modesto

DAY & TIME you are leaving 11/14/2017 3:30pm

DAY & TIME you will arrive home 11/15/2017 8:00pm

LOCATION OF EVENTS ~~720 12th~~ Martin Petersen Event Center

ADDRESS 720 12<sup>th</sup> street

Modesto, CA 95354

FOR OVERNIGHT TRIPS:

HOTEL \_\_\_\_\_

HOTEL ADDRESS \_\_\_\_\_

HOTEL PHONE \_\_\_\_\_

OTHER PHONE CONTACTS 509-991-7355 - Kathleen Stout

OTHER IMPORTANT INFORMATION \_\_\_\_\_

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