7.4.2

Exhibit 6153 (b) Page 3

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

Overnight (Extended) Instructional/Athletic Trip Request
1. Trip Dates April 6/7
2. Teacher in Charge SHFRI SONYLF
3. Destination ESTANCIA H.S.
4. Purpose of Trip DRILL TEAM / COLOR GUARD COMPETITION
5. Class/Group DRILL Town / Court 6, WRD Number of Students 70
6. Departure Date/Time/Place APRIC 6 Return Date/Time/Place APRIC 7
7. Estimated Miles to Destination257
8. Mode of Transportation
9. List private drivers (license # and proof of insurance must be on file with the District Office for each driver)
10. Total cost of Trip (list detailed breakdown for travel, food, lodging, etc.) 40 PFR 5740EWF
11. Funding Source SNO CONTS
12. Cost to each student YO + FOOD
13. Number of students attending 70 Number of teachers Number of school days missed l
14. Number of chaperones 24 Names of chaperones WILL BE ON FILE IN
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 SHCPL SONILE
17. All students have medical insurance? Yes or No
18. Any students with special medical conditions/potential medical problems? Yes o No
19. Miscellaneous
Any changes in the above information must be reported to the principal prior to departure.
Staff Signature Date 1-46-18
Principal's Approval Date BOARD APPROVED:

BISHOP UNIFIED SCHOOL DISTRICT ***OVERNIGHT TRIP***

School H5m5

Emergency Medical Treatment Authorization/Parental Waiver and Hold Harmless Agreement

Dear Parent(s) or Guardian(s):
Our class is going on an instructional/athletic trip to <u>ESTANCIA</u> H-S. (COSTA MES/ The class will leave on <u>APRIL</u> 6 ^M at <u>9 Am</u> (AM/PM)
The class will leave on APRIL 6 at 9 Am (AM/PM)
and return on PRIL 7 at approximately MID - WENT (AM/PM)
The students will be transported by Bus Car. The individual needs of your child for the trip will be:
THEY WILL HAVE A LIST OF UNIFORMS/CLOSHES TO BEING
Please Fill in This Portion and Return to School
has my permission to go on this trip. Realizing that my child will be carefully supervised by his/her teacher, I hereby release the Bishop Unified School District from any liability that might arise from the trip.
Signed (Parent or Guardian)
Medical Emergency: Does this student have a medical condition that may require special medication or procedures in case of an emergency? Yes No If "yes", please explain:

ESTANCIA H.S. ITINERARY

APRIL 6TH

STUDENTS WIL	L REPORT TO MPR @ 8:10AM
9:00	LOAD CARS/BUS
9:30	SONKE WILL MEET WITH PARENTS
12:00	COSO JUNCTION (Bring Lunch)
4:30	CHECK INTO Embassy Suites
5:30	MEETING & PRACTICE IN PARKING LOT
7:00	DINNER
9:30	PARENTS MEETING IN PARKING LOT
10:00	BED CHECK / LOCK-IN

APRIL 7TH

5:30AM	WAKE-UP / HAIR & MAKE-UP
7:00	BREAKFAST
7:30	DEPART FOR ARCADIA H.S.

COMPETITION ALL DAY

?	AWARDS (Everyone must stay until the end)
?	BUS DEPARTS FOR HOME
?	DINNER (TBD)
??	HOME SWEET HOME!