

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

Overnight (Extended) Instructional/Athletic Trip Request

- 1. Trip Dates 2/1/18 - 2/2/18
- 2. Teacher in Charge Robert Tellison
- 3. Destination CSU Bakersfield
- 4. Purpose of Trip Compete in Regional Math Counts Competition
- 5. Class/Group Math Counts Number of Students 12
- 6. Departure Date/Time/Place 2/1 8:30am HSMS Return Date/Time/Place 2/2 12:00 Noon
- 7. Estimated Miles to Destination 230 miles
- 8. Mode of Transportation Private cars
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 District Office for each driver)
Kim Linse, Pam Hennarty, Rachel Cokeley
- 10. Total cost of Trip (list detailed breakdown for travel, food, lodging, etc.)
Hotel \$868 Meals ~~2720~~ Mileage 4892 ^{\$}368
Total \$1956
- 11. Funding Source Fundraising, donations
- 12. Cost to each student \$88
- 13. Number of students attending 12 Number of teachers 1 Number of school days missed 1
- 14. Number of chaperones 3 Names of chaperones Kim Linse, Rachel Cokeley
Pam Hennarty
- 15. Name, address, and phone number of hotel/motel/accommodations where trip participants will be housed overnight during the trip
Hampton Inn, 1017 Oak St, Bakersfield, CA 93304
(661) 633-0333
- 16. List adults with current First Aid Training _____
- 17. All students have medical insurance? Yes or No (To be verified)
- 18. Any students with special medical conditions/potential medical problems? Yes or No
- 19. Miscellaneous _____

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

Staff Signature Robert S. Tellison Date 12/3/18
 Principal's Approval P.L.H. Date 12/3/18
 BOARD APPROVED: _____