

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

Overnight (Extended) Instructional/Athletic Trip Request

- 1. Trip Dates 4/5-4/7
2. Teacher in Charge SHARL SONKE
3. Destination SILVERA VISTA H.S.
4. Purpose of Trip COMPETITION
5. Class/Group DRILL TEAM / COLOR GUARD Number of Students 60
6. Departure Date/Time/Place 4/5 9AM HSMS Return Date/Time/Place 4/7 MIDNIGHT HSMS
7. Estimated Miles to Destination 225
8. Mode of Transportation BUS
9. List private drivers
10. Total cost of Trip 40 PER STUDENT - PLUS FOOD
11. Funding Source STUDENTS
12. Cost to each student \$40
13. Number of students attending 60 Number of teachers 1 Number of school days missed 1
14. Number of chaperones 10 Names of chaperones WILL BE ON FILE IN OFFICE
15. Name, address, and phone number of hotel/motel/accommodations where trip participants will be housed overnight during the trip EMBASSY SUITES (ARCADIA) HUNTINGTON AVE 1 (626) 445-8525
16. List adults with current First Aid Training SHARL SONKE
17. All students have medical insurance? Yes or (No)
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

[Handwritten Signature]

Date

1-9-19

Principal's Approval

[Handwritten Signature]

Date

1/9/19

BOARD APPROVED:

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### **Overnight (Extended) Instructional/Athletic Trip Request**

1. Trip Dates \_\_\_\_\_
2. Teacher in Charge \_\_\_\_\_
3. Destination \_\_\_\_\_
4. Purpose of Trip \_\_\_\_\_
5. Class/Group \_\_\_\_\_ Number of Students \_\_\_\_\_
6. Departure Date/Time/Place \_\_\_\_\_ Return Date/Time/Place \_\_\_\_\_
7. Estimated Miles to Destination \_\_\_\_\_
8. Mode of Transportation \_\_\_\_\_  
*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)  
\_\_\_\_\_  
\_\_\_\_\_
10. Total cost of Trip (list detailed breakdown for travel, food, lodging, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Funding Source \_\_\_\_\_
12. Cost to each student \_\_\_\_\_
13. Number of students attending \_\_\_\_\_ Number of teachers \_\_\_\_\_ Number of school days missed \_\_\_\_\_
14. Number of chaperones \_\_\_\_\_ 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 \_\_\_\_\_
17. All students have medical insurance? Yes or No
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** \_\_\_\_\_ **Date** \_\_\_\_\_

**Principal's Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Overnight

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

School HSMS

**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 SIERRA VISTA H.S.

The class will leave on 4/5 at 9 AM (AM/PM)

and return on 4/7 at approximately MIDNIGHT (AM/PM)

The students will be transported by Bus / Car. The individual needs of your child for the trip will be: SOME PRIVATE CAR

**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: \_\_\_\_\_

**BISHOP UNIFIED SCHOOL DISTRICT**  
**AUTORIZACIÓN PARA PASEO/EXCURSIÓN \*\*\*PARA MÁS DE UN DÍA\*\*\***  
Escuela \_\_\_\_\_

**Autorización para tratamiento médico en caso de emergencia/ Cláusula de exoneración de responsabilidad**

*Estimado Padre(s) o Tutor(es):*

Nuestra clase está yendo a un paseo Educativo/Atlético a \_\_\_\_\_.

La clase saldrá el \_\_\_\_\_ a las \_\_\_\_\_ (AM/PM)

Y regresará el \_\_\_\_\_ aproximadamente a las \_\_\_\_\_ (AM/PM)

Los estudiantes serán transportados en **autobús/auto**. Su hijo necesitará lo siguiente para el viaje:

\_\_\_\_\_  
\_\_\_\_\_.

.....

**Favor de llenar esta Forma y regresarla a la escuela**

\_\_\_\_\_ tiene mi permiso para ir a este paseo. Sabiendo que mi hijo estará supervisado cuidadosamente por su maestro, absuelvo a Bishop Unified School District de toda responsabilidad que pueda ocurrir e en este paseo.

Firma (Padre/Madre o Tutor) \_\_\_\_\_

*Emergencia Médica: ¿Este estudiante tiene alguna condición médica que pueda requerir alguna medicina especial o procedimiento en caso de emergencia? Sí \_\_\_ No \_\_\_.*

*Si es "Sí", favor de explicar:*

\_\_\_\_\_

# SIERRA VISTA H.S. ITINERARY

## APRIL 5<sup>TH</sup>

STUDENTS WILL REPORT TO MPR @ 8:10AM

9:00	LOAD CARS/BUS
9:30	SONKE WILL MEET WITH PARENTS
11:00	COSO JUNCTION (Bring Lunch)
4:30	CHECK INTO Embassy Suits Arcadia (626) 445-8525
5:30	MEETING & PRACTICE IN PARKING LOT
7:00	DINNER
9:30	PARENTS MEETING IN PARKING LOT
10:00	BED CHECK / LOCK-IN

## APRIL 6<sup>TH</sup>

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!

