

# WCCUSD STUDY OVERNIGHT TRIP REQUEST FORM

Form must be typed. No late or incomplete requests will be accepted.

Study trips need pre-approval during CST testing periods.

LAST DATE FOR SUBMISSION OF STUDY TRIP:

APRIL 28, 2017

(4th Friday in April)

LAST DATE FOR STUDY TRIP TO BE TAKEN:

MAY 26, 2017

(4th Friday in May)

SCHOOL: Hercules High School		Date of Submission: 3/16/2017
<b>TYPE OF TRIP: Check appropriate box(es)</b>		
<input type="checkbox"/> Chartered Transportation (Bus reserved by school/PTA/Transportation office, etc.)		25 school days prior to trip date
<input checked="" type="checkbox"/> Automobile (Driving to and from destination)		25 school days prior to trip date
<input type="checkbox"/> Public Transportation (BART, Bus, Amtrak, etc.)		15 school days prior to trip date
<input type="checkbox"/> Walking		15 school days prior to trip date
<b>TRIP AND CHAPERONE INFORMATION:</b>		
ALL trips must start AND end at the school site. <span style="float: right;">Minimum of 2 Chaperones; a female and a male per study trip</span>		
Adult to Student Ratio: Pre-School (1:3), K-3 (1:5) & 4-12 (1:10)		
Date of Trip: 5/23/17-5/26/17	Time Leaving School: 8:20 am Time back at school site: 3:30 pm	Grade/Group: seniors
Trip Destination Name: Oregon Shakespeare Festival Address: 15 S. Pioneer St. City: Ashland, OR Phone: 888-545-6397	Teacher in Charge of Group Name: Igor Litvin Cell Phone: 415-994-1020 Email: ilitvin@wccusd.net	Total number of students participating: <span style="border: 1px solid black; padding: 2px;">9</span> (must match student list) <input checked="" type="checkbox"/> A numbered list of students is attached (PowerSchool Printout or typed list)
Total Number of Chaperones accompanying the group including teachers: <span style="border: 1px solid black; padding: 2px;">2</span>		<input checked="" type="checkbox"/> Chaperone form and copy of badges attached

<b>TRANSPORTATION ARRANGEMENTS:</b>		
<input type="checkbox"/> Chartered Transportation	<b>CHARTERED TRANSPORTATION REQUEST FORM:</b> All requests using district funds <u>must</u> be booked through the Transportation Office. Completed Chartered Transportation request <u>must</u> be attached to study trip request.	
<input type="checkbox"/> Completed form attached	<b>FUNDING SOURCE:</b> Requests using other funding sources (i.e. PTA) must be booked by trip organizer and paid for at the site level. Funding source <u>MUST</u> be indicated.	FUNDING SOURCE/ACCOUNT CODE:
Or	<b>COMPANY:</b> Attach confirmation from chartered transportation company. Must be from District approved list as indicated on Bulletin.	COMPANY NAME AND CONTACT:
<input type="checkbox"/> Confirmation form attached		
<input checked="" type="checkbox"/> Automobile	<b>AUTOMOBILE TRANSPORTATION FORM:</b> Form must be completed with driver's information attached. Valid California Driver's license and insurance requirements are mandatory.	<input checked="" type="checkbox"/> Completed form attached <input checked="" type="checkbox"/> Valid driver's license and insurance attached
<input type="checkbox"/> Public Transportation	<b>TYPE OF PUBLIC TRANSPORTATION (BART, BUS, AMTRAK, FERRY):</b> Funding source required if transportation tickets/arrangements are to be purchased using District funds. Funding source <u>MUST</u> be indicated even if using other funding, i.e., PTA, Approved Fundraiser, etc. PR's should be initiated at least 8 weeks in advance of the trip.	Funding Source Account Code: MUNIS Req/PO #
<input checked="" type="checkbox"/> Admission Fees	<b>FEES TO DESTINATION, I.E., ZOO, THEATER, MUSEUM, ETC.:</b> Funding source required if tickets are to be purchased using District funds. Funding source <u>MUST</u> be indicated even if using other funding, i.e., PTA, Approved Fundraiser, etc. PR's should be initiated at least 8 weeks in advance of the trip.	Funding Source Account Code: 01-9670-5880-376-1110-1000-300114-0-0000 MUNIS Req/PO # <i>R17006669</i>
<input checked="" type="checkbox"/> Accommodations	<b>OVERNIGHT ACCOMMODATIONS</b> Must be secured before the study trip request is submitted. Attached a copy of the purchase requisition or PO along with a copy of the confirmation form the hotel, camp ground etc.	Funding Source Account Code: 01-8670-5880-376-1110-1000-300114-0-0000 MUNIS Req/PO #

<b>EDUCATIONAL VALUE:</b>		
Must include standards reference number and a brief explanation of how the trip relates to the classroom activity. Attach additional sheet if necessary.		
Standards Number(s): <b>see addendum</b>		
Substitute(s) Requested: <small>yes, for 1 to</small>	<b>FOR SECONDARY SITES ONLY</b> SUBSTITUTES NEEDED FOR TEACHERS ON STUDY TRIPS:	Funding Source Account Code: 01-8670-5880-376-1110-1000-300114-0-0000 Substitutes Needed for <u>20</u> paid periods (1 teacher, 4 days)

**STUDY TRIP REQUEST FORM MUST HAVE PRINCIPAL'S SIGNATURE AND FUNDING SOURCE INDICATED BEFORE SENDING TO THE EXECUTIVE DIRECTOR'S OFFICE. INCOMPLETE STUDY TRIP REQUESTS WILL BE RETURNED AND WILL RESULT IN DELAY IN PROCESSING OR DENIAL OF REQUEST. APPROVALS WILL BE SENT BACK VIA EMAIL TO SECRETARY/OFFICE MANAGER AND PRINCIPAL.**

APPROVALS:

*Anne Skira* Principal Signature      Date *3/28/17*  
*[Signature]* Signature      Date

Funding Authorization Dept.      Date

<b>EXECUTIVE DIRECTOR OFFICE USE ONLY:</b>	
Received:	
Approval Sent:	
Date:	By: