

Palisades Charter High School

REQUEST FOR APPROVAL OF SCHOOL-ORGANIZED TRIP FOR STUDENTS

Check the appropriate box: [] Field Trip [] School Journey [] Curricular Trip [] Athletic Trip
[] Curricular Buss Tour [] OTHER (Describe) _____

Name of Employee Certified _____
School: Palisades Charter High School Supervising trip _____ Non-Cert. _____
Telephone Number (310) 230-6623 Grade levels (Circle) 9 10 11 12 OTHER _____

- 1. Destination _____ Are admission fees charged? Yes _____ No _____
2. Dates of Trips _____ 3. Number of Students _____ Number of adults _____
4. Name and employee number of employee who will go on trip: _____
5. Substitute required? Yes _____ No _____ How Many? _____ Source of funds _____
6. Time schedule required by school: Leave School _____ Arrive destination _____
Leave destination _____ Return school _____
7. Duration of trip: Less than one day ___ One day _____ Overnight _____ (if overnight, how many days?) _____
8. Method of transportation: School bus (indicate number required) ___ Walking _____ Automobile _____
Public Carrier: airplane _____ boat _____ bus _____ train _____ other _____ (explain) _____
9. Brief description of educational benefit to be derived form this activity. Please state specifically as an instructional objective (not required for athletic trips of Youth Services Activities) The students will _____
10. Source of funds for trip _____

NOTE: It is illegal to charge students or parents for participation in any activity for which ADA will be taken.

- 11. Have the locations of the nearest emergency facilities been obtained? Yes _____ No _____
12. Have forms for parent's or guardian's permission been obtained? Yes _____ No _____
13. If hiking or camping activity:
a. Have the ranger, sheriff, police or other emergency personnel been notified of intent to be in the area?
Yes _____ No _____
b. Has the area been checked for potential hazards? Yes _____ No _____
c. Has the School Police Department been notified of the trip? Yes _____ No _____

APPROVALS:

Principal or Asst. Principal _____ Date: _____

Board of Trustees* _____ Date: _____

* ONLY TRIPS INVOLVING SITES NOT ON APPROVED LIST MUST BE PROCESSED THROUGH THE PALISADES CHARTER HIGH SCHOOL BOARD OF TRUSTEES.