

APPLICATION FOR FIELD TRIP APPROVAL**Submit to Purchasing/Contracts Office at least 4 weeks before the field trip**

(ALL QUESTIONS MUST BE COMPLETED OR FORM WILL BE RETURNED)

SCHOOL: MHS DATE REQUEST SUBMITTED: 6/1/17PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: MHS Music, Kaldy + MooreDATE OF FIELD TRIP: 10/21/17 DATE OF RETURN: 10/21/17TIME OF DEPARTURE: 8am PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 2amDESTINATION (include address): Bulldog Stadium, 1600 E Bulldog Ln, Fresno, CA 93710DISTANCE FROM SCHOOL SITE (one way): 12.6 milesTOTAL NUMBER OF PARTICIPANTS: 200 NUMBER OF STUDENTS: 180 NUMBER OF ADULTS: 20

IF OVERNIGHT FIELD TRIP, STATE ACCOMMODATION: _____

MODE OF TRANSPORTATION (check one): Chartered Bus ☒ Private Vehicles ☐ Public Bus ☐ District Bus ☐ Walking ☐IF USING A CHARTERED BUS, IDENTIFY COMPANY: West ValleyBUS INSURANCE VERIFIED BY ACCOUNT TECH III ☐ (initial)

IF PRIVATE VEHICLES USED, IDENTIFY DRIVERS: _____

All drivers must complete OP-81 with required documents (see pg 2 of field trip procedure for requirements).It is the responsibility of the site administrator to make sure car insurance is current; otherwise, driver will not be allowed to drive.Check box and initial after verification: ☐ (Principal's initial) ☐ (Purchasing/Contracts initial)PURPOSE OF TRIP (Explain how trip relates to curriculum): Band competition

COST ANALYSIS: Transportation Cost: \$ _____ Other Fees: \$ _____ Total Cost: \$ _____

HOW WILL THIS BE PAID?

CHARGE TO ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
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REQUISITION # _____ (attached) or other explanation of how fees will be paid: Music Books (i.e. ASB, PTA, students)REQUESTOR'S SIGNATURE: [Signature] X4189PRINCIPAL'S SIGNATURE: [Signature] () Approved () Not approved**Only use this section if needed:**

★ If a contract is required for this field trip, forward the contract with this form to the Purchasing/Contracts Office at least four (4) weeks before the trip. Date sent to Purchasing/Contracts _____

Assistant Superintendent, Business Services signature (or designee): _____

★ If this is an overnight field trip, 50 miles away from the school, or a trip to San Francisco, School Board approval is required. To be included in the Board's agenda, complete paperwork must be verified by Purchasing/Contracts Office.

() Board Approved () Board Denied Superintendent Signature (or designee) _____

DISTRIBUTION AFTER APPROVAL: WHITE: Purchasing/Contracts YELLOW: School Site PINK: Teacher

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Conditional Approval: Bus Insurance.

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SCHOOL: MHS DATE REQUEST SUBMITTED: 6/1/17PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: MHS Music, Kaldy + MooreDATE OF FIELD TRIP: 11/4/17 DATE OF RETURN: 11/4/17TIME OF DEPARTURE: 3pm PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 12 amDESTINATION (include address): Lodi High SchoolDISTANCE FROM SCHOOL SITE (one way): 58 milesTOTAL NUMBER OF PARTICIPANTS: 200 NUMBER OF STUDENTS: 180 NUMBER OF ADULTS: 20

IF OVERNIGHT FIELD TRIP, STATE ACCOMMODATION: _____

MODE OF TRANSPORTATION (check one): Chartered Bus ☒ Private Vehicles ☐ Public Bus ☐ District Bus ☐ Walking ☐IF USING A CHARTERED BUS, IDENTIFY COMPANY: West ValleyBUS INSURANCE VERIFIED BY ACCOUNT TECH III ☐ (initial)

IF PRIVATE VEHICLES USED, IDENTIFY DRIVERS: _____

All drivers must complete OP-81 with required documents (see pg 2 of field trip procedure for requirements).It is the responsibility of the site administrator to make sure car insurance is current; otherwise, driver will not be allowed to drive.Check box and initial after verification: ☐ (Principal's initial) ☐ (Purchasing/Contracts initial)PURPOSE OF TRIP (Explain how trip relates to curriculum): Band competition

COST ANALYSIS: Transportation Cost: \$ _____ Other Fees: \$ _____ Total Cost: \$ _____

HOW WILL THIS BE PAID?

CHARGE TO ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
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REQUISITION # _____ (attached) or other explanation of how fees will be paid: _____ (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: [Signature] X 4189PRINCIPAL'S SIGNATURE: [Signature] () Approved () Not approved**Only use this section if needed:**

★ If a contract is required for this field trip, forward the contract with this form to the Purchasing/Contracts Office at least four (4) weeks before the trip. Date sent to Purchasing/Contracts _____

Assistant Superintendent, Business Services signature (or designee): _____

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DISTRIBUTION AFTER APPROVAL: WHITE: Purchasing/Contracts YELLOW: School Site PINK: Teacher

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Conditional Approval: Bus Insurance.

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SCHOOL: MHS DATE REQUEST SUBMITTED: 6/1/17
 PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: MHS Music - Kaldy + Moore
 DATE OF FIELD TRIP: 11/18/17 DATE OF RETURN: 11/18/17
 TIME OF DEPARTURE: 3pm PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 1am
 DESTINATION (include address): Fairfield HS 205 E Atlantic Ave, Fairfield CA 94533
 DISTANCE FROM SCHOOL SITE (one way): 70 miles
 TOTAL NUMBER OF PARTICIPANTS: 200 NUMBER OF STUDENTS: 180 NUMBER OF ADULTS: 20

IF OVERNIGHT FIELD TRIP, STATE ACCOMMODATION: _____

MODE OF TRANSPORTATION (check one): Chartered Bus ☒ Private Vehicles ☐ Public Bus ☐ District Bus ☐ Walking ☐IF USING A CHARTERED BUS, IDENTIFY COMPANY: West ValleyBUS INSURANCE VERIFIED BY ACCOUNT TECH III ☐ (initial)

IF PRIVATE VEHICLES USED, IDENTIFY DRIVERS: _____

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COST ANALYSIS: Transportation Cost: \$ _____ Other Fees: \$ _____ Total Cost: \$ _____

HOW WILL THIS BE PAID?

CHARGE TO ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
	010	0000	0	5807	00	1110	1000	010602	041	0000

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WHITE: Purchasing/Contracts

YELLOW: School Site

PINK: Teacher

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Conditional Approval: Bus Ins.

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(ALL QUESTIONS MUST BE COMPLETED OR FORM WILL BE RETURNED)

SCHOOL: MHS DATE REQUEST SUBMITTED: 6/1/17
 PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: MHS Music, Kathy & Moore
 DATE OF FIELD TRIP: 3/8/18 DATE OF RETURN: 3/8/18
 TIME OF DEPARTURE: 7am PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 7pm
 DESTINATION (include address): San Joaquin Delta College 5151 Pacific Ave Stockton 95207
 DISTANCE FROM SCHOOL SITE (one way): 72 miles
 TOTAL NUMBER OF PARTICIPANTS: 175 NUMBER OF STUDENTS: 170 NUMBER OF ADULTS: 5

IF OVERNIGHT FIELD TRIP, STATE ACCOMMODATION: _____

MODE OF TRANSPORTATION (check one): Chartered Bus ☒ Private Vehicles ☐ Public Bus ☐ District Bus ☐ Walking ☐IF USING A CHARTERED BUS, IDENTIFY COMPANY: West ValleyBUS INSURANCE VERIFIED BY ACCOUNT TECH III ☐ _____ (initial)

IF PRIVATE VEHICLES USED, IDENTIFY DRIVERS: _____

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COST ANALYSIS: Transportation Cost: \$ _____ Other Fees: \$ _____ Total Cost: \$ _____

HOW WILL THIS BE PAID?

CHARGE TO ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
	010	0000	0	5807	00	1110	1000	010602	041	0000

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Conditional Approval: Bus Ins

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SCHOOL: MHS DATE REQUEST SUBMITTED: 6/1/17
 PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: MHS Music, Kaldy + Moore
 DATE OF FIELD TRIP: 3/9/18 DATE OF RETURN: 3/9/18
 TIME OF DEPARTURE: 7am PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 7pm
 DESTINATION (include address): San Joaquin Delta College 5151 Pacific Ave Stockton 95207
 DISTANCE FROM SCHOOL SITE (one way): 72 miles
 TOTAL NUMBER OF PARTICIPANTS: 155 NUMBER OF STUDENTS: 150 NUMBER OF ADULTS: 5

IF OVERNIGHT FIELD TRIP, STATE ACCOMMODATION: _____

MODE OF TRANSPORTATION (check one): Chartered Bus ☒ Private Vehicles ☐ Public Bus ☐ District Bus ☐ Walking ☐IF USING A CHARTERED BUS, IDENTIFY COMPANY: West ValleyBUS INSURANCE VERIFIED BY ACCOUNT TECH III ☐ _____ (initial)

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COST ANALYSIS: Transportation Cost: \$ _____ Other Fees: \$ _____ Total Cost: \$ _____

HOW WILL THIS BE PAID?

CHARGE TO ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
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Conditional Approval: Bus Ins

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