

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: 6/1/17

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: MHS Music, Kaldy + Moore

DATE OF FIELD TRIP: 10/21/17 DATE OF RETURN: 10/21/17

TIME OF DEPARTURE: 8am PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 2am

DESTINATION (include address): Bulldog Stadium, 1600 E Bulldog Ln, Fresno, CA 93710

DISTANCE FROM SCHOOL SITE (one way): 126 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 [X] Private Vehicles [] Public Bus [] District Bus [] Walking []

IF USING A CHARTERED BUS, IDENTIFY COMPANY: West Valley

BUS 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?

Table with columns: CHARGE TO ACCOUNT, FD, RES, Y, OBJ, SOBJ, GOAL, FUNC, CCTR, SCH, MGMT. Values include 010, 0000, 5607, 00, 1110, 1000, 010602, 041, 0000.

REQUISITION # (attached) or other explanation of how fees will be paid: Music Books (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: [Signature] X4189

PRINCIPAL'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)

Conditional Approval: Bus Insurance.

SHIPP'D AUG 3 2017

APPLICATION FOR FIELD TRIP APPROVAL

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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, Kaldy + Moore
DATE OF FIELD TRIP: 11/4/17 DATE OF RETURN: 11/4/17
TIME OF DEPARTURE: 3pm PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 12 am
DESTINATION (include address): Lodi High School
DISTANCE FROM SCHOOL SITE (one way): 58 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 [X] Private Vehicles [] Public Bus [] District Bus [] Walking []
IF USING A CHARTERED BUS, IDENTIFY COMPANY: West Valley
BUS 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: \$

Table with columns: CHARGE TO ACCOUNT, FD, RES, Y, OBJ, SOBJ, GOAL, FUNC, CCTR, SCH, MGMT. Values: 010, 0000, 0, 5807, 00, 1110, 1000, 010002, 041, 0000

REQUISITION # (attached) or other explanation of how fees will be paid: (i.e. ASB, PTA, students)
REQUESTOR'S SIGNATURE: [Signature] X 4189
PRINCIPAL'S SIGNATURE: [Signature] (X) 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)

Conditional Approval: Bus Insurance.

SHIPP AUG 8 2017

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: 6/1/17

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 [X] Private Vehicles [] Public Bus [] District Bus [] Walking []

IF USING A CHARTERED BUS, IDENTIFY COMPANY: West Valley

BUS 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
	010	0000	0	5807	00	1110	1000	010602	041	0000

REQUISITION # (attached) or other explanation of how fees will be paid: (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: [Signature] X4189

PRINCIPAL'S SIGNATURE: [Signature] (X) Approved () Not approved

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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)

Conditional Approval: Bus Ins.

SHIPPED AUG 3 2017

APPLICATION FOR FIELD TRIP APPROVAL

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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, Kelly & 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 CA 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 [checked] Private Vehicles [] Public Bus [] District Bus [] Walking []

IF USING A CHARTERED BUS, IDENTIFY COMPANY: West Valley

BUS 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 & Orchestra Festival & clinics

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

HOW WILL THIS BE PAID?

Table with columns: CHARGE TO ACCOUNT, FD, RES, Y, OBJ, SOBJ, GOAL, FUNC, CCTR, SCH, MGMT. Values: 010, 0000, 0, 5807, 00, 1110, 1000, 010602, 041, 0000

REQUISITION # (attached) or other explanation of how fees will be paid: (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: [Signature] X4189

PRINCIPAL'S SIGNATURE: [Signature] ([checked] Approved () Not approved

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Assistant Superintendent, Business Services signature (or designee):

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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 [X] Private Vehicles [] Public Bus [] District Bus [] Walking []

IF USING A CHARTERED BUS, IDENTIFY COMPANY: West Valley

BUS INSURANCE VERIFIED BY ACCOUNT TECH III [] (initial)

IF PRIVATE VEHICLES USED, IDENTIFY DRIVERS:

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Check box and initial after verification: [] (Principal's initial) [] (Purchasing/Contracts initial)

PURPOSE OF TRIP (Explain how trip relates to curriculum): Band Festival + Clinics

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

HOW WILL THIS BE PAID?

Table with columns: CHARGE TO ACCOUNT, FD, RES, Y, OBJ, SOBJ, GOAL, FUNC, CCTR, SCH, MGMT. Values: 010 0006, 0, 5807 00, 1110, 1000, 010602, 041, 0000

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REQUESTOR'S SIGNATURE: [Signature] X4189

PRINCIPAL'S SIGNATURE: [Signature] (X) Approved () Not approved

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