## REQUEST FOR FIELD TRIP

	. DEATH	מומר ובער אויים	erran annarra	generalists generalists	
	. KEQUI	EST FOR FI	ELD IRIP		
DATE:	11/3/2014	REQUIRES I	BOARD APPROVAI		YAN 0 5 2015
TO:	Cheis Hollera Assistant Su	perintendent Hi	gh Schools	,	蓝菱箔蓝蓝晶晶质晶质血灰粒层层层层层层层层层
FROM:	Debbie F Teacher's Name (Print I	llen egibly)	3434 Extension		
	Mt. Diable School Name	o High	·		
Date of Trip:	april 6-	. /	·		
Destination:	Desneyland	l, Cenahi	em CA		1 1
Trip is Funded	d by: //47/14/5ra	A, Studen	ts + Studiet	bady fi	undrassing
Purpose of Tri	ip (Detail How the Tr	p is tied to the	Curriculum)	0	
	win the Yout				
Observe	A participat	in Calefo	rnea's #1 Tor	erest at	traction
Classes Partic	ipating: <u>Seron</u>	depity		•	<del></del>
	Attending 34  ch the list of students	** and adult chaper	# of Adults Attending	ng <b>4</b> *	*
	tificated Staff attendin	-	· ·		
Depp	Luler				
	FONO			······································	
	out of state or overn				
	this, please provide an prepare a docket			dvance so o	<u>ur</u>
	heck here to indicate		ed High School Perm	nission Slips	and
/ **	ll be kept in your scho heck here to indicate a		ested are allowed to	participate:	even
if they cannot		2 were		`n() /	( (
Derdh	15/15	- 1980 color	Club	Mllu (	121/15
Principal's Ap	proval Date	e * * *-	Assistant Superinten	dent's Appr	oval .
Please return	form to:				, 

Teachers Please Note: Secondary field trip requests (originals, no faxes) are to be approved by Donna Campbell, Assistant Superintendent, at least 10 school days prior to the field trip date. Your school will need a copy of the approved request in order for you to take your field trip. Schools are to keep a site copy of the approved request on file for their records.

FIELD	TRIP	PROPOSAL	Mt.	Diablo	High	School	2014	1-2015
					_			1 .

		/	AD AD:		
To: Ms. Heather Fontanilla, V.P. in charge of curr	riculum Toda	y's Date: 1/3/2014			
From Pebbie N/Chome Phone # 925		1 11			
Day of The					
~/ //. / <>/ >		e cheçk school calendar first.)			
Destination w/Full Address: 1700 S. Was	bor Blud (1)	nheim			
Destination Phone # 925 305 7 <b>98</b> /					
No. of Students: 34 No. of Teachers: 3	No. of Other Adults:	No. of Buses:			
No. of students with special needs: Students field trips. Accommodations: TIME SCHEDULE:	s with special needs mu	st be accommodated on			
Leave MDHS: 7,00 Am	Arrive @ Destination:	DO am )			
Leave Destinations SOOAM	Arrive @ MDHS:	-Ini			
J.607471	<u></u>	Malre			
Contact Phone # while on trip: 925 305-	7981				
MEANS OF TRANSPORTAION: (CHECK BELONO, of Buses/Required:	OW) *NO Rental Vehic Public Transportation /				
Use Private Vehicle(s):	Walking:				
2 A Trade Commences	** aiking.				
CURRICULAR INFORMATION: (Complete all b	oxes for approval)				
Grade/Class/Organizations Devaluation Department Chair Signature:					
Purpose of Trip: 10 experience st ob	darge tho Cal	#/ Tourist athretions	~}		
Objectives X Daniel 125 Ar	MAN				
Cite Specific Educational STANDARDS aliqued	0100				
HTR-C7.0, C40 C10.0, C9.0, Onchor - 7.0, 5.0, 2.0	, C1210				
Preparation of Students;	wherevery, t	exmoulding			
Photos Weiten Sufferiors & Evaluation Procedures: Whether Italian Staffer	min port for	10.			
PAYMENT FOR FIELD TRIP:	<i>y</i>				
Instructional Funds %	\$ 0000	Substitute:N/A			
Student Pay % Other: Registration fee %	\$ 250	Paid Substitute: \$			
Other: Registration fee %	\$ 75-	Coverage within Department (specify with			
Transportation	1HTA Grant	who and what period)			
For use by Curriculum Vice Principle: Initial app	oroval: 486 N	Pending Bd approved			
Final appr	roval:N	ot approved:			
Not approved for the following reasons:					