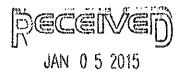
## REQUEST FOR FIELD TRIP

DATE:	12/19/14	REQUIRES E	SOARD APPRO	OVAL? (Yes)No
TO:	Chris Holler 1 Assistant Su	an perintendent Hig	gh Schools	
FROM:	Debbie Teacher's Name (Print I	Allen Legibly)	3434 Extension	<u>/</u>
	Mf. Weak School Name	blo High	,	-
Date of Trip:	april 25	-28,20	15	-
Destination:	Fresno			_ ,
Trip is Funde	d by: FHA·H	IERO_		***
1 (	rip (Detail How the Tr	_ / / /	$\alpha$	ence and
Compe	tition	<u> </u>	Corpe	A Colombia
Classes Partic	cipating: <i>Serus</i>	udepity		
	Attending 20 ach the list of students rtificated Staff attendin	ng:	# of Adults Atrones attending.	
KIN	in Juller			
to accomplish	s out of state or over h this, please provide can prepare a docket	e all trip details	at least 6 week	
	check here to indicate ill be kept in your scho	•	ted High Schoo	Permission Slips and
			rested are allow	ed to participate; even
if they cannot		· Board approv	$\wedge$	Don luk
Principal's Ap	pproval Da	<del></del> te	Assistant Supe	rintendent's Approval
Please return	ı form to:	rie Ac	lock,	MDHS

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 2013-2014

To: Merzakitale Byra, V.P.	in charge of curriculum To	oday's Date: (Must be	atzeast 4 weeks in advance)			
From: Delotice (	Mame Phone # 22	<i>5305 1981</i> Sub requ	ired? Yes X No			
Day of trip: Scrt	Leos. *(Tu./ Wed. /Th.	) *No Monday's or Friday's witl	hout prior Admin approval*			
Date of Trip: \$\\25-	4/28 *(NO Times du	ring Blackout days. Please ch	eck school calendar first.)			
Destination w/Full Address	: 1055 Van	less live Fre	MO, CA			
Destination Phone #		Include exact schedule on back	k if more than one destination.			
No. of Students: 20	No. of Teachers: 2	No. of Other Adults	No. of Buses:			
No. of students with special needs: Students with special needs must be accommodated on field trips. Accommodations:						
TIME SCHEDULE:						
Leave MDHS: X'O	O Am	Arrive @ Destination:	11:001100			
Leave Destination: /. O.	0 pm	Arrive @ MDHS:	00 pin			
Contact Phone # while on trip (cell): 926 305-798/						
MEANS OF TRANSPORTAION: (CHECK BELOW) * NO Rental Vehicles*						
No. of Buses Required ha	rter Bus		Public Transportation / BART:			
Use Private Vehicle(s):		Walking:				
CURRICULAR INFORMATION: (Complete ALL boxes for approval)						
Grade/Class/Organization:	10-12	Department Chair Sign	thuk: Gere			
Purpose of Trip:	HERO Stail	to Low Sorsher	1 some loss of an			
Objective:	L'LED	co Centro to tags	Centerense			
Cite Specific Educational STANDARDS aligned: 9.0, 5.0, 7.0 Ouchor Standards HTR!						
Prepayation of Students / ter School Novers						
Leadership actuation the personal reflection						
27 Million 1 10 Cultics P	yesacring () in	wes perserial.	repeerren			
PAYMENT FOR FIELD T	RIP:					
Instructional Funds	%	\$	Substitute:			
Student Pay	%	\$	Paid Substitute: S			
Other:	%	\$	Coverage within Department (specify with who and what period)			
For use by Curriculum Vice Principal: Initial approval: The Punding Douglass Comproved:						
	Final approv	al:Not app	proved:			
Not approved for the following	ng reasons:	· · · · · · · · · · · · · · · · · · ·				