

ALAMEDA UNIFIED SCHOOL DISTRICT
Excellence & Equity For All Students

**LETTER TO THE BOARD OF EDUCATION
OUT-OF-STATE OR OUT-OF-COUNTRY FIELD TRIP**

To the members of the Board of Education:

On April 16, 2016, Alameda High School has arranged for a field trip to Kentwood High School. Up to 5 students and one chaperone will be attending. All Stars Team Judo Tournament Ca vs Wa We will fly Saturday morning the 16th, compete that afternoon, room with students via home stays, then sight see the Seattle area via rental vehicle, returning Sunday evening (flying) arriving approximately 9pm.


The costs of this trip are being funded by individual students and jujitsu club subsidies

The purpose of this field trip is a team competition and youth cultural exchange, as well as exchanging various competitive judo techniques and self defense strategies

Itinerary: We will fly out of Oakland Int. Airport to Seattle-Tacoma Int. Airport Saturday morning, compete that afternoon, home stay with Kentwood High Students Saturday evening, meet for sightseeing the Seattle area on Sunday the 17th and fly home Sunday evening, arriving at Oakland Int. Airport about 9pm.

Ending statement: *Your approval will be an investment in our students future, helping them become more informed and culturally aware and responsible citizens, giving our students the best education possible.*

Dated: March 14, 2016

Signature: 

Principal: R. H. F. R.

School: AHS

OUT OF STATE OR OUT OF COUNTRY FIELD TRIP REQUEST

Requirements:

1. All students must be allowed to participate regardless of ability to pay or associated fees.
2. ALL Forms must be submitted 30 business days prior to field trip, to the Teaching and Learning Department.
3. Board of Education approval is required for all out of state and out of country trips. Use Letter to Board of Education format (see attached).

Date Request Sent: 3/5/16 Click here to enter a date.

Date of Field Trip: 4/15-17/16 Click here to enter a date.

Destination of Field Trip: Seattle-Tacoma, Washington

School: AHS Click here to enter a name.

Name of Teacher(s): David Quinonez Click here to enter a name.

Print Name: David Quinonez

Date: 3/10/16

Signature: [Signature]

Date: 3/10/16

Approval: [Signature]
(Teacher Signature)
[Signature]
(Principal Signature)

Date: 3/10/16

Educational Services Office Use Only:

☐ Approved by: Signature of Director of Teaching and Learning: _____

Approval Date: _____ Additional Documentation Needed: _____

DEADLINE FOR ALL DOCUMENTATION TO BE RECEIVED BY TEACHING AND LEARNING: _____

☐ Not Approved. Reason: _____

Teacher's Cellphone: [REDACTED] Teacher's School Phone: AHS ext 5517

Date & Time of Departure: April 15, 2016 4:00 PM Date & Time of Return: April 17, 2016 9 PM

Number of Miles (one way): 680 Number of students: 5-6

Number of Chaperone(s): 1

Chaperones: MUST BE Minimum 1 adult for every 15 students.

Include all Chaperone names and contact information on E-33 Chaperone List. An unsigned E-33 will not be accepted. E-33 must be signed off and complete!

TRANSPORTATION METHOD

☒ Commercial Transport (Bus/BART/Ferry/etc.) ☐ Personal Car (Parents to complete Form E-5.
School site is responsible for collection and confirmation of Form E-5 and Proof of Insurance
verification on form E-33). ☐ Chartered Bus

Transportation costs will be paid by: ☐ School ☒ Individual Student ☐ District
☐ Student Body ☐ Other Click here to enter text. ☐ PTA

BUS INFORMATION NEEDED

Bus Company Name: Click here to enter text. Contact: Click here to enter text.
Address: Click here to enter text. Phone Number: Click here to enter text.
Confirmation # for transportation: Click here to enter text.
Transportation costs will be paid by: Click here to enter text.

OVERNIGHT FIELD TRIP INFORMATION

Name of Lodging: *Home staying.* Lodge Contact Name: Click here to enter text.
Lodging Address: Click here to enter text. Phone Number: Click here to enter text.

Instructional Purpose: What is the purpose of this trip? *Judo competition with Puget
Sound school district schools Judo Teams*
List activities and anticipated student outcome.

List Standards/Content to be addressed:

1. C...
2.

Describe pre-activities prior to the trip: C

Describe post activities after the trip: C

Reasons for excluding student: (Keep in mind that no student may be excluded due to lack of payment)

Provision for students not participating:

INTINERARY (Daily schedule of specific events and times)		
Date	Time	Activity/Event
4/15/16 4/16/16	4 pm AM	Travel to Seattle-Tacoma
4/16/16	1 pm	Compete in Team competition
4/17/16	AM	Sightsee Seattle area
4/17/16	6 pm	Fly home

REMINDER: Field Trip Checklist

- Submit Field Trip Request (Form E-3A) to school administrator at least 30 business days prior to trip.
- Issue and collect permission slips (one set to be taken on trip, one set to remain in office on day of trip).
- Order bus/transportation at least 4 weeks in advance if needed.
- If transportation is by private vehicle, collect all driver forms submitted certifying insurance coverage and submit to the principal. (Form E-5).
- Provide a list of participating students' names to school office. (Form E-7 or Class List from Aeries).



Educational Services
2060 Challenger Drive
Alameda, CA 94501

PARENT/GUARDIAN INFORMED CONSENT FOR FIELD TRIP Including Consent for Overnight Home Stay

School: Alameda High	Teacher: Mr. Quinonez	Date: 4/16/2016
Student Name: _____		Room: <u>517</u>
General Information		
Trip Destination: Seattle/Tacoma		
Address: Click here to enter text.		Phone No. XXXXXXXXXX
We will leave from: Oakland Airport		Place of Lodging: Home Stays
On (date) 4/16/2016		We will return to the school on (day): April 17, 2016
At about (time): 900 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
Minimum number of adults/chaperones: 1		

Type of Transportation

<input type="checkbox"/> District Vehicle	<input checked="" type="checkbox"/> Commercial Transportation	<input type="checkbox"/> District Bus
<input type="checkbox"/> Other (explain) _____		

In the event of an accident or illness, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

*It is recommended that all students have medical or student accident insurance. If you do not have student accident insurance, it is available through **AIG**. You can enroll online at: www.studentinsuranceusa.com

A special note to Parents/Guardians regarding prescription medication/drugs:

- (1) All drugs must be registered on this form;
- (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff
- (3) ___ Check and initial here if there are special problems that the staff should be aware of and if any drugs are required on the trip;
- (4) If medication or drugs are to be taken by the student, list them here: _____
_____. If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.

(Information on Page 2 must be completed prior to submitting consent form)

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents or employers.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Consent for Home Stay

I fully understand that this trip involves a home stay of ___1___ night(s) and that during this home stay students will spend the night in the home of individuals who are not employed by or affiliated with the Alameda Unified School District. The Alameda Unified School District assumes no liability for the actions of individuals who are hosting the home stay. Home stay families are not selected or approved by AUSD.

Name of entity arranging home stay: _____ David Quinonez _____

Phone number for home stay host: _____ [REDACTED] _____

Student Name (please print): _____

Home Address: _____

Evening Phone: _____ Cell Phone: _____ Day Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Medical Insurance Carrier _____ Policy No. _____

Parent or Guardian Name (please print): _____

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian signature reflects their knowledge and approval of the activity described above. This form must be returned to the school before the student can participate in the activity.

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2060 Challenger Drive
Alameda, CA 94501

PARENT/GUARDIAN INFORMED CONSENT FOR FIELD TRIP

School: <u>Abundia High</u>	Teacher: <u>David Quinonez</u>	Date: <u>3/5/16</u>
Student Name: _____		Room: _____
General Information		
Trip Destination: <u>Seattle Tacoma Team Competition</u>		
Address: _____		Phone No. _____
We will leave from: <u>Oakland Airport</u>		Place of Lodging: <u>Home stay</u>
On (date) <u>Apr 15</u>		We will return to the school on (day): <u>Apr 17</u>
At about (time): <u>9</u>		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Minimum number of adults/chaperones: Click here to enter text. 1		

Type of Transportation

- ☐ District Vehicle
 ☒ Commercial Transportation
 ☐ District Bus
- ☐ Other (explain) _____

In the event of an accident or illness, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

*It is recommended that all students have medical or student accident insurance. If you do not have student accident insurance, it is available through AIG. You can enroll online at: www.studentinsuranceusa.com

(Information on Page 2 must be completed prior to submitting consent form)

Field Trip Chaperone List

This form must be filled out completely. Form must be signed for verification purposes.

School: AHS

Lead Teacher/Staff Member Name: David Quijano

Room No: 517

Title and Date of Field Trip: Seattle Tacoma Team Connection (Feb)

Chaperone(s)	Contact Information (Cellphone)	E-32 Chaperone Agreement Received	E-5 Private Vehicle/ Minimum Insurance Verification Received
1) <u>David Quijano</u>	1) [REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	2)	<input type="checkbox"/>	<input type="checkbox"/>
3)	3)	<input type="checkbox"/>	<input type="checkbox"/>
4)	4)	<input type="checkbox"/>	<input type="checkbox"/>
5)	5)	<input type="checkbox"/>	<input type="checkbox"/>
6)	6)	<input type="checkbox"/>	<input type="checkbox"/>
7)	7)	<input type="checkbox"/>	<input type="checkbox"/>
8)	8)	<input type="checkbox"/>	<input type="checkbox"/>
9)	9)	<input type="checkbox"/>	<input type="checkbox"/>
10)	10)	<input type="checkbox"/>	<input type="checkbox"/>

I have verified all chaperones listed above have submitted a completed Chaperone Agreement Form (E-32). I have verified any chaperone who is driving has submitted a Transportation of Students in Privately Owned Vehicles Form (E-5) and possesses the appropriate insurance requirements.

Principal/Designee Signature

Date

E-33 Field Trip Chaperone List

Revised: 6/30/15

*Principal/designee submits completed field trip packet (including this form E-33) to Ed Services, retaining complete copy at the site level.

Site is responsible for collecting an E-32 Chaperone Agreement from each chaperone. E-32's to be retained at site level.

Site is also responsible for collecting an E-5 Transportation of Students in Privately Own Vehicle from each driver, when appropriate. E-5's and proof of insurance to be kept at the site level.