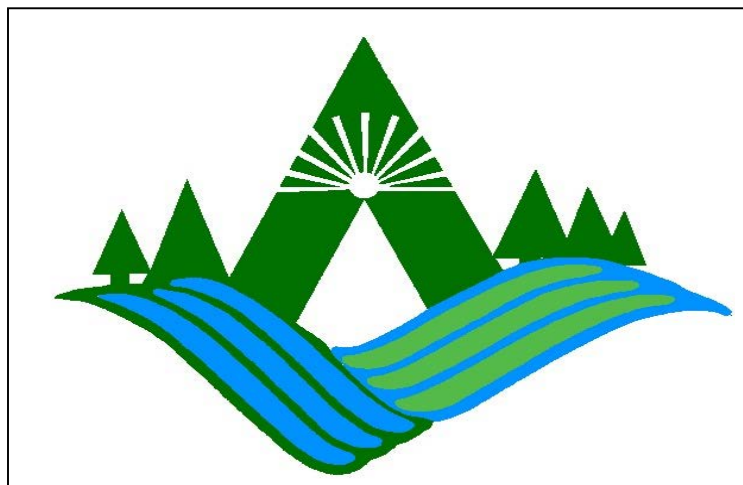


AMADOR COUNTY UNIFIED SCHOOL DISTRICT



ADDENDUM

PACKET

October 11, 2019
Special Meeting

Rental Car Request for Nationals

Amador County Unified School District Special Trip Request

Type of Trip: Activity / Sport / Music / Other
School / Organization: Amador JFFA
Pick-up Address: Louisville, KY Airport
Pick-up Address: Louisville, KY Airport
Grade Level: 9-12

Date of Trip: 10/29 - 11/3/19
Day of week / M D Y
No. Passengers (max 84) 14 / 2
Students Adults
Pick-up Time: 10:30 PM
Depart Time: 7:00 AM
Total Number of Buses: 2 SUVs

**Please attach maps or directions to Destination if available. Requesting a Meal Stop: YES / NO (circle one)
Destination: Louisville, KY (Airport) Address: _____
Leave Destination Site Time: _____ Time of Return to School: _____

Requester(s) Signature / Name: Carly Benner Phone #: 209-257-7318
Requester is responsible for assuring that there are funds available for trip.

**Funding Source or Billing Address: AG Incentive
Funds Resource Year Object Goal Function Location Program

****NO TRIP REQUEST WILL BE ACCEPTED WITHOUT A FUNDING SOURCE.**

(**Trips falling under Site Plan Activity need prior approval by Director of Curriculum prior to trip booking.)

I am requesting an outside transportation source: Rental VAN / Charter Bus - Transportation will make all arrangements. NO private arrangements for non-district buses will be allowed. Charter Companies cancelled on site will charge full price. The site is responsible.

Program Manager / Principal's Signature: [Signature] Dated: 9/30/19

Other Approval Signature: _____ Dated: _____

Special Instructions: _____

Instructions: Please send all trip requests to Transportation 45 days in advance of trip. Cancellation should be made at least 24 hours in advance. Same day cancellations will be charged a minimum 1 hour. On site cancellation will be charged mileage plus 2 hours. Saturday, Sunday and Holiday cancellations on site will be charged a minimum of 3 hours or actual trip time, which ever is less.

Scan and email the Special Trip Request to Transportation to reserve a calendar date and for a confirmation email.

Transportation Use Only

Posted by: _____ Trip/Invoice #: _____
Comments: _____

No school bus available. Charter ordered: _____
Name of Company Rate / Charge # of Buses

Contact Phone # and name: _____

Estimate of Bus Cost / Miles: X \$1.75 / Hours: X \$31.00 / Buses: X Total =
Estimate of Van Cost / Miles: X \$0.75 / Van: X Total =

Email to Transportation



AMADOR COUNTY PUBLIC SCHOOLS

OVERNIGHT FIELDTRIP REQUEST FORM

For the Board Meeting Dated: _____

School: Jackson Elementary

Date of Request: 10/1/19

Departure Date: 11/19/19

Return Date: 11/22/19

Departure Time: 7:00 AM

Return Time: 3:00 PM

Destination of Trip (Location and City): Point Bonita YMCA Outdoor Education; 981 Fort Barry, GGNRA, Sausalito, CA 94965

Purpose of Trip: 5th grade Science Camp

Name of Sponsoring Organization: Jackson Elementary School

Source(s) of Funds for Trip: Parent, Fundraisers, Donations

Name of Fieldtrip Director/Instructor: Barbara Magpusao

Number of Students: 73

Grade Level: 5th

Number of Chaperones: 5

Names of Chaperones: Dan Klement, Paula Romo, Ambren Naville, Lolly Corqueira, Barbara Magpusao

Mode of Travel (circle one): School Bus Charter Bus Van Plane Train
Private Vehicle (Insurance on file: Yes No)

Name and Address of Overnight Accommodations: Point Bonita YMCA Outdoor Education; 981 Fort Barry, GGNRA, Sausalito, CA 94965

Instructor's Signature: [Signature]

Date: 10/1/19

Site Administrator: [Signature]

Date: _____

* NOTE: This form needs to be submitted to the Superintendent's Office at least 1 week prior to the scheduled Board meeting before the planned trip.



AMADOR COUNTY PUBLIC SCHOOLS

OVERNIGHT FIELDTRIP REQUEST FORM

For the Board Meeting Dated: 10/9/19

School: Argonaut

Date of Request: 9/26/19

Departure Date: 10/19/19

Return Date: 10/20/19

Departure Time: 0500

Return Time: 1700

Destination of Trip (Location and City): Monteey, CA

Purpose of Trip: Cross Country meet

Name of Sponsoring Organization: Argonaut XC

Source(s) of Funds for Trip: Argo XC acct (#22 XC ASB)

Name of Fieldtrip Director/Instructor: Cameron Duggan

Number of Students: 18

Grade Level: 9-12

Number of Chaperones: 3

Names of Chaperones: Jennifer Rtnam, Mina Robertson

Mode of Travel (circle one): School Bus Charter Bus Van Plane Train
Private Vehicle (Insurance on file: Yes No)

Name and Address of Overnight Accommodations: Red Lion Inn
1046 Muras Ave, Monteey

Instructor's Signature: [Signature]

Date: 9/26/19

Site Administrator: [Signature]

Date: 9-26-19

* NOTE: This form needs to be submitted to the Superintendent's Office at least 1 week prior to the scheduled Board meeting before the planned trip.



AMADOR COUNTY PUBLIC SCHOOLS

OVERNIGHT FIELDTRIP REQUEST FORM

For the Board Meeting Dated: _____

School: Argonaut

Date of Request: Dec 5-8

Departure Date: Dec 5

Return Date: Dec 8

Departure Time: TBA

Return Time: 2:00 pm

Destination of Trip (Location and City): Booneville, Ca

Purpose of Trip: Basketball tourney

Name of Sponsoring Organization: Boys Basketball

Source(s) of Funds for Trip: Fundraised

Name of Fieldtrip Director/Instructor: Jon Gilliam

Number of Students: 10-15

Grade Level: 10-12

Number of Chaperones: 3-5

Names of Chaperones: Willie Malin, Brian Jones, Jon Gilliam, Lisa Swinghe, Lewis Jones

Mode of Travel (circle one): School Bus Charter Bus Van Plane Train
 Private Vehicle (Insurance on file: Yes No)

Name and Address of Overnight Accommodations: Riversbend
18450 Ray's Rd Philo, Ca 95466

Instructor's Signature: [Signature]

Date: 9/25/19

Site Administrator: [Signature]

Date: 9-26-19

* NOTE: This form needs to be submitted to the Superintendent's Office at least 1 week prior to the scheduled Board meeting before the planned trip.