Calaveras Unified School District



3304-B Highway 12 P.O. Box 788 San Andreas, CA 95249 (209) 754-2300 www.calaveras.k12.ca.us

BOARD AGENDA REQUEST FOR OVERNIGHT FIELD TRIP CONSENT AGENDA

Date of Board Meeti (Requests are due by No	ng: oon, Wedne	esday, the week prior to the	he Board meeting)	
School Site:				
Date(s) of Field Trip	:			
Student Grade(s):				
Funding:				
Form of Transportati	ion:			
Description of Field	d Trip:			
Accommodations v	will be at	<u>:</u>		
Hotel/Motel	Addı	Name of Hotel/Motel: Address: Telephone Number:		
Other	Name of Camp or Sponsor(s):			
	Address:Telephone Number:			
Chaperone(s):				
Teacher(s)/Coach(es)		Name(s):		
Parent(s)/Guardian(s)		Name(s):		
Recommendation:				
Submitted by:			Administrator:	
Print Name		Print Name		
Telephone Number			Signature	