AMPHITHEATER PUBLIC SCHOOLS STAFF/STUDENT TRAVEL REQUEST

Attach supporting documentation as needed

ORIGINAL SUBMISSION

THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL

SCHOOL: Wilson K-8				
ESTIMATED NUMBER OF STUDENTS: 54				
NAME OF SCHOOL GROUP/CLUB/ENTITY: 6 th grade				
STAFF ADVISOR(S)/CHAPERONES: <u>Niki Tilicki, Jennifer Nesler, Danielle Haider, Becky Morrison, Bill</u> Watson, Angie Larson, Lori Wierman, Stephanie Welch, Tania Olive, Lana Kelt.				
ABSENCE: # Days 3	Sub Required: Yes	⊠ No	# of School Days Missed	l <u>0</u>
ACTIVITY / EVENT / PURPOSE OF TRAVEL: Students will visit an animal rescue shelter and an aquarium, as well as conduct inquiry based activities aboard a ship and on the shoreline. They will also engage in other science based activities over the three day period.				
DESTINATION OF TRA	AVEL: <u>Buena Park, (</u>	<u>California</u>		
DATES OF TRAVEL: 3/15-17/2013 ACADEMIC BENEFITS TO STUDENTS: Students will have the opportunity to learn from hands-on experiences about the composition, properties, and structures of the oceans' zones, layers, and organisms. Students will also gain a real life understanding of ways in which scientists explore the Earth's atmosphere				
and bodies of water.				
PROPOSED METHOD ☐ District-owned vehic Transportation approval: ☑ Other Project Explo	eles	ON:		
Are expenses paid from a Parent Organization	-	ecounts? Auxili	nry Tax Credits <u>yes</u> (Club Funds
EXPENSES R	REQUESTED: (OBT	AIN RECEIPT	S FOR ALL INCURRED	EXPENSES)
	APPROX. CO	ST	BUDGET CODE	3
Registration	\$18,252.00		525/526 00 100	1001 168 6892
Transportation	Inc.		Magazia Marintari Artindria	
Meals	Inc.		ALPHO AND DESCRIPTION OF THE SECOND OF THE S	
Lodging	Inc.		SQUITERED AND AND AND AND AND AND AND AND AND AN	
Substitutes	elactridu/circum/glascife/00/447948		ga, dater mini quandrali mader	
TOTAL	18,252.00			

WILL THE DISTRIC IF SO, SOURCE & A	CT RECEIVE REIMBURSEMENT?AMOUNTS:	
HOW ARE CHAPEI	RONE EXPENSES PAID? Chaperone's pay for the	<u>mselves</u>
COST TO EACH ST	TUDENT \$ 338	
	VEL MADE AVAILABLE TO ALL ELIGIBLE ST specified Tax Credit	UDENTS (LOW FAMILY INCOME
FUNDING SOURCE	E(S): <u>Parents</u>	
FUNDRAISING AC <mark>None</mark>	TIVITIES PLANNED (If applicable):	
SUBMITTED BY: _	Karen Mazpero Signature	11/28/2012 Date
APPROVED BY: _	Principal/Supervisor	11/28/12 Date
-	Associate Superintendent/Superintendent	$\frac{12-3-12}{\text{Date}}$
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SCHOOL: Wilson	K-8			
ESTIMATED NUMBER OF STUDENTS: 53				
NAME OF SCHOOL GROUP/CLUB/ENTITY: 6 th grade				
			Chard Carryford Array Larmann Jac	
			ampson, Cheryl Crawford, Amy Larmour, Jea Klingler, Olga Tarro, Sandi Kinghorn, Mar	
Cardenas, DeDe B	etten,			
ABSENCE: # Days	_ Sub Required: Yes	⊠ No	# of School Days Missed <u>0</u>	
aquarium, as well		l activities abo	ats will visit an animal rescue shelter and a pard a ship and on the shoreline. They will also period.	
DESTINATION OF	F TRAVEL: <u>Buena Park, C</u>	California		
experience about	EFITS TO STUDENTS: the composition, propertic gain a real life understand	es, and structu	have the opportunity to learn from hands-ores of the oceans' zones, layers, and organism which scientists explore the Earth's atmospher	s.
☐ District-owned Transportation appr ☐ Other Project E	oval: xploration			
Are expenses paid f Parent Organization		counts? Auxili	iary <u>yes</u> Tax Credits <u>yes</u> Club Funds	
EXPENS	ES REQUESTED: (OBT	AIN RECEIPT	S FOR ALL INCURRED EXPENSES)	
	APPROX. CO	ST	BUDGET CODE	
Registration	\$ 17,914.00		525/526 00 100 1001 168 6892	
Transportat	ion <u>Inc.</u>		cutoside/effendation	
Meals	Inc.		GEROMANIA STATEMENT STATEM	
Lodging	Inc.		NAME AND ADDRESS OF THE PARTY O	
Substitutes				
TOTAL	\$17,914.00			

WILL THE DISTRIC IF SO, SOURCE & A	T RECEIVE REIMBURSEMENT? MOUNTS:	
HOW ARE CHAPER	ONE EXPENSES PAID? Chaperone's pay for th	<u>nemselves</u>
COST TO EACH ST	UDENT \$ <u>338</u>	
HOW IS THIS TRA' PROVISIONS)? <u>Uns</u>	VEL MADE AVAILABLE TO ALL ELIGIBLE : pecified Tax Credit	STUDENTS (LOW FAMILY INCOME
FUNDING SOURCE	(S): Parents	
FUNDRAISING ACT <u>None</u>	TIVITIES PLANNED (If applicable):	
SUBMITTED BY:	Karen Maspero Signature	
APPROVED BY: _	Principal/Supervisor	11/28/12 Date
	Patruh Nelson	12-3-12
	Associate Superintendent/Superintendent	Date

AMPHITHEATER PUBLIC SCHOOLS STAFF/STUDENT TRAVEL REQUEST

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SCHOOL: Wilson K-8				
STIMATED NUMBER OF STUDENTS: Up to 200 students (all 8 th graders)				
NAME OF SCHOOL GROUP/CLUB/ENTITY: 8th Grade				
STAFF ADVISOR(S)/CHAPERONES: <u>Christy Talmage, Sharon Silvas, David Linn, Diana Barnes</u> Nathan Orelup, Donna Allen, Karl <u>Pieroway, Adrian Hannah, Gretchen Witt, Taren Talmage</u> Amber Mattauach, Carlie Bedford, Jesse Earls, Daniel Vidal, Michelle Johnson, Judi LeWinter			age	
Michelle Clopton, Da	ve Kronenfeld, Anr	nette Orelup, Van	essa Hill	1001
ABSENCE: # Days <u>1</u>	Sub Required: 🛚 Yes	s □ No #	of School Days Missed 1	
ACTIVITY / EVENT / 1	PURPOSE OF TRAVI	EL: 8th Grade Scie	nce Field Trip	
DESTINATION OF TR	AVEL: <u>Los Angeles,</u>	<u>California</u>		
Science Students D	S TO STUDENTS:	nate cumulative	the SixFlags Magic Mountain Math activity to conclude our instruction science curriculum content standard	1 0
	cles : pad Trips		<u>yes</u> Tax Credits <u>yes</u> Club Funds <u>no</u>	
Parent Organization no			TO THE STREET THE STREET STREET	
EXPENSES I	REQUESTED: (OBT	TAIN RECEIPTS F	OR ALL INCURRED EXPENSES)	
	APPROX. CO	OST	BUDGET CODE	
Registration	\$60,000.00		525/526 00 100 1001 168 6892	
Transportation	<u>inc</u>		NAMES OF THE PROPERTY OF THE P	
Meals	inc		upanismonia.	
Lodging	inc		NOTICE AND ADDRESS OF THE PARTY	
Substitutes	<u>\$200.00</u>		<u>530 00 100 1001 168 6113</u>	
TOTAL \$	60,200.00			

WILL THE DISTRIC IF SO, SOURCE & A	CT RECEIVE REIMBURSEMENT? <u>n/a</u> AMOUNTS:	
HOW ARE CHAPER	RONE EXPENSES PAID? Parents paying their own	ı way.
COST TO EACH ST	UDENT \$ <u>315</u>	
	VEL MADE AVAILABLE TO ALL ELIGIBLE STU specified tax credit monies	DENTS (LOW FAMILY INCOME
FUNDING SOURCE	E(S): Parents	
FUNDRAISING AC' None	TIVITIES PLANNED (If applicable):	
	Miller	
SUBMITTED BY: _	Signature	11/14/2012 Date
APPROVED BY: _	Principal/Supervisor	<u>11-14-17</u> Date
-	Associate Superintendent/Superintendent	12-3-12 Date
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