



**Calaveras Unified School District**

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

**BOARD AGENDA REQUEST FOR OVERNIGHT FIELD TRIP  
CONSENT AGENDA**

Date of Board Meeting: \_\_\_\_\_  
(Requests are due by Monday, by Noon, the week prior to the Board meeting)

School Site: \_\_\_\_\_

Date(s) of Field Trip: \_\_\_\_\_

Student Grade(s) Levels: \_\_\_\_\_

Funding: \_\_\_\_\_

Form of Transportation: \_\_\_\_\_

**Description of Field Trip (brief description of activity, sport/team attending):**

\_\_\_\_\_

Approximate Number of: Boys: \_\_\_\_\_ Girls: \_\_\_\_\_

**Accommodations will be at:**

Hotel/Motel      Name of Hotel/Motel : \_\_\_\_\_  
 Other              If Other, provide information: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Sponsor/Host**

Name of Camp, Sponsor(s) or Who is Hosting Event \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Chaparone(s):**

Teacher(s)/Coach(es)      Name(s): \_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s)      Name(s): \_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Telephone Number

Administrator: \_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Signature