

Motor Coach – 68339
Portal – 2081

Instructor

Trip Driver-

Relief Driver-

Teacher – Marie Wilbur-Bowers, mwilburb@goaj.org. (480) 980-7511

Cactus Canyon, 7th & 8th Grade

Oceans II Tentative Itinerary

March 9-11, 2018

1 bus

\$325 w/ 2 comps per 38 paying no meals included

FRIDAY March 9, 2018

Spot/Depart at Cactus Canyon 10:00 PM/ 10:30 PM

801 W. Southern Ave., AJ 85120

*gain an hour

SATURDAY March 10, 2018

Floating Lab 5:00 AM – 8:00 AM

2803 Emerson Street San Diego, CA 92106

Breakfast – at Malt Shop (collect \$8) 8:15 AM

3625 Midway Dr., San Diego, CA 92110

SeaWorld 9:30 AM – 7:00

PM

500 Sea World Dr., San Diego, CA 92109

*Instructor call education gate 15min. out (619)225-3273

(lunch and dinner on own at SeaWorld – or – lunch on own and collect \$12 for beach bonfire dinner)

Hotel - Wyndham Garden Hotel 8:30 PM

3737 Sports Arena Blvd., San Diego, CA 92110 (619)881-6100

*Night security: Provided

SUNDAY March 11, 2018

Wake/ Depart 6:00AM/ 6:30 AM

Breakfast TBD (or collect \$8 for breakfast burritos from Malt Shop) TBD

La Jolla Children's Pool/Seal Beach (time permitting) TBD

834 Coast Blvd., La Jolla 92037

Aquarium of the Pacific 10:00 AM – 1:00

PM

100 Aquarium Way, Long Beach, CA 90802 (562)684-8609

Lunch – pizza at picnic tables outside aquarium (collect \$5) 1:00 PM – 2:00 PM

*Instructor call and arrange for delivery

Depart Aquarium of the Pacific 2:00 PM

Dinner – fast food in Yuma (Panda, In-N-Out, Chipotle, Pita Pit)

1900 16th St., Yuma, AZ 85365

*Instructor call ahead to let restaurants know approx. #s and arrival time

Panda (928)783-6655/ In-N-Out (800) 786-1000/ Chipotle (928)783-3044

Pita Pit (928)783-5712

Apache Junction Unified School District #43

REQUEST TO TRAVEL

IMPORTANT:

Complete this form in triplicate. This form must be completely filled out and submitted to the Superintendent's office no less than 10 days before date of departure. Please attach any supporting material.

Date: 1/24/18	Travel: <input type="checkbox"/> In-State <input checked="" type="checkbox"/> Out-of-State	Days Absent from Job: 0	Total Days Away: 2	School / Division: CCTH
Name: Marie Wilbur-Bowers			Department: Science	
From: Day / Date: 3/9/2018 Time: 10:00pm			To: Day / Date: 3/11/18 Time: 10:30am	
Purpose: <input type="checkbox"/> Professional <input type="checkbox"/> Personal <input type="checkbox"/> Other: _____			Payroll: Substitute will be employed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Event Attending: Name of Event and brief description Oceans II Project Exploration			Traveler's regular pay: <input type="checkbox"/> Will Continue - School Business <input type="checkbox"/> Will be Deducted - Personal Business <input type="checkbox"/> Will Continue - Vacation	
Event Location: List physical address and major cross streets Floating Lab-2803 Emerson St. San Diego, CA 92106, Sea World, Aquarium of the Pacific			If deducted, it will be: Substitute Pay (days): _____ Full Pay (days): _____	
Students Attending: Yes <input type="checkbox"/> No <input type="checkbox"/> up to 32 if yes, how many?			Estimated Cost: Travel will be by: <input type="checkbox"/> District Vehicle <input type="checkbox"/> District Bus <input type="checkbox"/> Plane <input type="checkbox"/> Train <input checked="" type="checkbox"/> Bus <input type="checkbox"/> Private Car <input type="checkbox"/> Rented Car	
Requested By: Traveler's Name and Signature Marie Wilbur-Bowers 1/24/18 Print Name: _____ Date: _____ Signature: <i>Marie W Bowers</i>			Transportation: _____ Bus / Taxi / Phone: _____ Meals / Lodging: _____ Registration Fee: _____ TOTAL: 	
Recommended By: Principal or Division Head Name and Signature Courtney Castellano 1/24/18 Print Name: _____ Date: _____ Signature: <i>Courtney Castellano</i>			Travel Financed by: Activity Funds (Account #): _____ Budget Funds (Code #): _____ Other Funds (Specify): _____	
Recommended By: Assistant Superintendent Name and Signature _____ Print Name: _____ Date: _____ Signature: _____			Director of Business Service: Funds Available: _____	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED Signature: _____ Date: _____				

Apache Junction Unified School District #43

FIELD TRIP SAFETY ANALYSIS CHECKLIST

IMPORTANT: To be completed in advance of the field trip by the teacher responsible for the activity. This form must be presented to the Principal.

Attending: Name of Event and brief description Oceans II Project Exploration Ecology	Date: 1/24/18	Student Grade / Group / Club / Organization: 7 th & 8 th Grade
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Activity:

Out In
 Yes No
 Yes No
 Yes No
 Yes No

1. Is the location of the activity indoors or outdoors?
2. Is special clothing, such as jackets or gloves, required?
3. Does the trip location expose students to hazards (i.e., exposure to insects or animal bites, falling rocks, puncture wounds from plants, eye irritation from dust or other airborne particles, physically challenging terrain)?
4. Does the learning experience involve direct contact with plants or animals? If so, have students been questioned about potential allergic reactions?
5. Does the trip require climbing? If so, are walkways well marked? Do they include handrails and guardrails? Are they maintained and in good condition?

Medical:

Yes No
 Yes No
 Yes No
 Yes No

1. Are first aid services available?
2. Have special arrangements been made for emergency or medical evacuation?
3. Does the Principal / Designee have the address and phone number of the nearest hospital or emergency center?
4. If the trip is going to be held during hot weather, has the supervisor taken appropriate steps to ensure safety, hydration and sun protection of participants?

Food and Water:

Yes No
 Yes No
 Yes No

1. Are food and water available?
2. If not, will students bring or pay for their own food or water?
3. Are facilities available to safely store food and water?

Route / Itinerary:

Yes No
 Yes No

1. Has the travel route itinerary been planned?
2. Have stops been planned to maintain student control and safety?

Water Activity:

Yes No
 Yes No

1. If the trip involves contact with water (swimming, wading, hot tub use, etc.), has a supervision plan been communicated to all chaperones?
2. Is the appropriate number of certified lifeguards available? (i.e., students seven (7) years old and younger - one (1) lifeguard per five (5) students; over age of seven (7) - one (1) lifeguard per twenty (20) students.)

Teacher: Marie Wilbur-Bauer 1/24/18 Print Name: Date: Marie W Bauer Signature:	Principal: Courtney Castellano 1/24/18 Print Name: Date: Courtney Castellano Signature:
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Apache Junction Unified School District #43

OUT-OF-STATE FIELD TRIP REQUEST

**** FOR GOVERNING BOARD APPROVAL ****

IMPORTANT: Field trip requests must be submitted sixty (60) days prior to the field trip. Failure to complete forms may result in denial of field trip.

Date: <u>2/6/18</u>		Sponsor Name: <u>Marie Wilbur Bowers</u>		Student Grade / Group / Club / Organization: <u>7th & 8th</u>	
Event Attending: Name of Event and brief description <u>Oceans II Project Exploration</u>			Event Location: List physical address and major cross streets <u>Floating Lab 2803 Emerson St., San Diego, CA. 92106 - Sea World - 500 Sea World Dr. CA. 92110, Aquarium of the Pacific</u>		
What is the purpose of your field trip: <u>To bring our Ecology standards to life and make meaning with knowledge and environments.</u>			What Arizona State Standards does the purpose of your field trip meet: <u>Strand 1 - Inquiry Process Strand 4 - Life Science - Concept 3</u>		
How does it relate to the District curriculum / lesson plan activities: <u>Habitats, Biomes, Food Chain, Ecosystems</u>			Departure Date / Time: Day / Date: <u>March 9, 2018</u> Time: <u>10:30am</u>		
			Return Date / Time: Day / Date: <u>March 11, 2018</u> Time: <u>10:30am</u>		
# of Students: <u>32</u>	# of Chaperones: <u>4</u>	Names of Chaperones: <u>Marie Bowers, Lyn Andvesen, 2 parents</u>			
Cost of Trip: <u>400</u> x <u>32</u> = <u>12,800</u> Cost per Student: # of Students: TOTAL COST:			Source of Funding: <u>#821 & 278</u> Activity Funds (Account #): Budget Funds (Code #):		
Cost includes: (Check all that apply) <input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Transportation <input checked="" type="checkbox"/> Lodging <input checked="" type="checkbox"/> Meals <input checked="" type="checkbox"/> Chaperones			Other Funds (Specify): _____		
Travel will be by: <input type="checkbox"/> District Vehicle <input type="checkbox"/> District Bus <input type="checkbox"/> Plane <input type="checkbox"/> Train <input checked="" type="checkbox"/> Bus <input type="checkbox"/> Private Car <input type="checkbox"/> Rented Car			Cost to: School Budget: District: Student: Group/Club: Tax Credits:		
Required Forms: Have you completed these forms? Request to Travel <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Transportation Request <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Field Trip Safety Analysis <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Teacher: <u>Marie Wilbur Bowers</u> <u>2/6/18</u> Print Name: Date:			Administrative: <u>Courtney Castelano</u> <u>2/6/18</u> Print Name: Date:		
<u>Marie Wilbur Bowers</u> <u>2/6/18</u> Signature: Date:			<u>Courtney Castelano</u> Signature:		
Administrative Approval: <input type="checkbox"/> Yes AESOP Confirmation # for Days Absent: _____ <input type="checkbox"/> No Reason: _____			Superintendent: Print Name: _____ Date: _____ Signature: _____		

Apache Junction Unified School District #43

TEACHER PERMISSION FORM FOR FIELD TRIP

** High School and Middle School Only **

Student Name:	Student Grade:	Sponsor Name: Marie W. Brubers
Event Attending: <i>Name of Event and brief description</i> Oceans II Project Exploration	Student Grade / Group / Club / Organization: 7th & 8th Grade	
Departure Date / Time: Day / Date: 3/9/18 Time: 10pm	What is the purpose of your field trip: To explore and experience hands on ecology learning.	
Return Date / Time: Day / Date: 3/11/18 Time: 10am		

Note to Teachers: You may give consent or deny permission for the student to miss your class to attend this field trip. Please complete the information below to indicate your choice.

STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE IN THIS FIELD TRIP IF THEY HAVE AN "F" IN YOUR CLASS.

1. Class / Subject:	Letter Grade: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F	Permission to attend: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Comments:	Teacher: Print Name: _____ Signature: _____		
2. Class / Subject:	Letter Grade: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F	Permission to attend: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Comments:	Teacher: Print Name: _____ Signature: _____		
3. Class / Subject:	Letter Grade: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F	Permission to attend: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Comments:	Teacher: Print Name: _____ Signature: _____		
4. Class / Subject:	Letter Grade: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F	Permission to attend: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Comments:	Teacher: Print Name: _____ Signature: _____		
5. Class / Subject:	Letter Grade: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F	Permission to attend: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Comments:	Teacher: Print Name: _____ Signature: _____		
6. Class / Subject:	Letter Grade: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F	Permission to attend: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Comments:	Teacher: Print Name: _____ Signature: _____		
7. Class / Subject:	Letter Grade: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F	Permission to attend: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Comments:	Teacher: Print Name: _____ Signature: _____		

Print Form

Submit by Email

**Apache Junction Unified School District #43
PARENTAL PERMISSION and MEDICAL RELEASE FORM**

WE HEREBY GRANT DO NOT GRANT PERMISSION FOR _____ Student Name: _____

TO PARTICIPATE IN THE FOLLOWING FIELD TRIP:

Event Attending: <i>Name of Event and brief description</i> Oceans II Project Exploration	Event Location: <i>List physical address and major cross streets</i> Floating Lab - 2803 Emerson St., San Diego, CA. 92106, Sea World Aquarium of the Pacific.
Departure Date / Time: Day / Date: 3/9/18 Time: 10pm <input type="checkbox"/>	Return Date / Time: Day / Date: 3/11/18 Time: 10pm <input type="checkbox"/>

I/We have also reviewed my child's grade check form and understand that it is my child's responsibility for all make up work to be completed in a timely manner. I/We understand that if our child violates the policies, rules or regulations of the Apache Junction Unified School District that they will be sent home from the trip at our (parent's/guardian's) expense and face possible disciplinary action from the school upon their return.

Student: Print Name: _____ Date: _____ Signature: _____	Parent / Guardian: Print Name: _____ Date: _____ Signature: _____
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EMERGENCY MEDICAL TREATMENT RELEASE

Medical Insurance Information	
Primary Physician: _____	Physician Phone: _____
Insurance Provider: _____	Group Number: _____
Emergency Contact: _____	Emergency Phone: _____

Medical Release

As a parent/guardian, I request the teacher contact me. If I cannot be reached, I hereby authorize the teacher to call 911.

I have the legal custody of my child and grant permission for the school district personnel to give emergency first-aid and obtain, if necessary, medical treatment from a doctor and/or hospital.

Parent / Guardian Signature: _____ Print Name: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Home Phone: _____	Cell Phone: _____
Father's Work Phone: _____	Mother's Work Phone: _____

Apache Junction Unified School District #43
RESPONSIBILITIES OF PARENT / VOLUNTEER CHAPERONE

NOTE: This form will be retained by the Trip Sponsor.

Event Attending: <i>Name of Event and brief description</i>	Date:	Student Grade / Group / Club / Organization:
Oceans II Project Exploration		7th & 8th

It should be noted that the responsibilities of Chaperones may vary according to the trip they are chaperoning. Generally, the responsibilities are as follows:

1. Chaperones should learn the names of the students assigned to them.
2. Chaperones will know the locations and whereabouts of each student assigned to him/her during the trip.
3. Chaperones will follow the directions and guidelines of the teacher in charge of the trip.
4. Chaperones will be attentive to the needs of their students and be the student's primary adult contact.
5. Chaperones shall adhere to a code of conduct, which includes abstaining from tobacco products, alcohol and illegal drugs during the field trip.
6. Chaperones will not normally have their son/daughter assigned to them. (Experience has shown that concerned Chaperones with the proper emotional distance are the best help to a student in a challenging situation.)
7. A Chaperone shall supervise his/her group of students and never be alone with a student.
8. Chaperones shall refer most discipline issues to the teacher. Minor infractions, such as talking too loud and not staying in line, can be handled by the Chaperone. Chaperones should refrain from becoming involved in serious student discipline issues and should never separate a student from the group for the purpose of disciplining a student.
9. During an overnight field trip, a Chaperone must not:
 - a. Use showers when students are using them.
 - b. Be the only adult present in a room where students are sleeping.
10. Chaperones that are not a parent of a student participating in an overnight field trip or out-of-state trip must have fingerprint clearance.
11. Other responsibilities provided by the teacher in charge.

My signature below indicates that I read and understand the responsibilities of a Chaperone and discussed my role as a Chaperone with the trip sponsor.

Trip Sponsor:	Chaperone:
Marie W Bowers _____ <small>Print Name:</small>	Marie W Bowers _____ <small>Print Name:</small>
_____ <small>Date:</small>	1/24/18 <small>Date:</small>
Marie W Bowers _____ <small>Signature:</small>	Marie W Bowers _____ <small>Signature:</small>