

- Student Learning and Achievement
- Health and Safety of Students and Schools
- Credibility and Communication
- Fiscal Solvency, Accountability and Integrity

- Consent
- Action/Discussion
- Information/Discussion
- Public Hearing

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**SUBJECT:** WALK-ON Out of County or Overnight Activities

**DATE:** November 2, 2023

**PERSON(S) RESPONSIBLE:** Joshua Jorn, Interim Superintendent

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**RECOMMENDATION:**

The District Administration recommends that the Board review and ratify the Out of County or Overnight requests.

**BACKGROUND:**

Board Policy 6153 requires prior approval of all school sponsored trips. Out of County/State or overnight trips require Board approval. Other trips may be approved by the Superintendent or designee.

**INFORMATION:**

The attached list identifies overnight/Out of County/State trip(s) being proposed by school sites at this time for CCS playoffs

**FISCAL IMPACT:**

The request has an identified cost and associated source of funds. These activities expose the District to increased liability with a resulting potential for financial impact.

**PACIFIC GROVE UNIFIED SCHOOL DISTRICT  
2023-24 OUT OF COUNTY OR OVERNIGHT ACTIVITIES**

<u>Date(s)</u>	<u>Destination</u>	<u>Student/ Class/ Activity</u>	<u>Transportation</u>	<u>Cost</u>	<u>Funding Source</u>
10/31/2023	Serra High School San Mateo, CA	PGHS Volleyball Team CCS Payoffs	Auto	\$ -	na
11/4/2023	Aptos High School Aptos, CA	PGHS Boys Water Polo Team CCS Playoffs	Auto	\$ -	na

# PACIFIC GROVE UNIFIED SCHOOL DISTRICT PGHS REQUEST FOR OFF CAMPUS ACTIVITY

Board Approval is required for all out-of-county, out-of-state, or overnight activities. The request must be approved by the Board prior to the event, therefore the request must be submitted **AT LEAST FOUR (4) WEEKS PRIOR TO THE EVENT**. For ALL other activities, submit a request two weeks in advance of activity.

**Date of Activity:** 10/31/2023 **Day of Activity:** Tuesday

**Activity Name/ Location:** CCS playoffs **Address:** 451 West 20th Ave

**City:** San Mateo **County:** San Mateo

**School:** Pacific Grove High School **Teacher/ Class or Club:** Athletics-Volleyball **Grade:** 9-12

**School Departure Time:** 3 p.m. **Pickup Time from Place of Activity:** 9 p.m.

**Name(s) of Employee(s) Accompanying Students:** Kyle Mountain, Chris Morgan, Ali Lyon

**Number of Adults:** 3 **Number of Students:** 15  
(Total Chaperones)

**Description of Activity/ Educational Objective:** CCS playoffs

**List All Stops:** Serra High school

I understand that per Board Policy 6153, I am responsible for sending and having returned prior to departure written permission from parents for this trip. CM (Teacher/Coach/Advisors Initials)

**Means of Transportation:** Auto\*  
(Board Regulation 3541.1 requirements will be complied with when using private autos: cm (Teacher/ Coach/Advisors Initials)  
Chris Morgan)

**Name(s) of Auto Drivers (subject to change):** Kyle Mountain Ali Lyon

(  ) **Form-OCA-1** Release of Driver Record Information is on file with the District on file

(  ) **Form-OCA-2** Personal Automobile Information is on file with the District on file

(  ) **Fingerprint** clearance is on file with the District Cleared

**Requested By:** Chris Morgan Chris Morgan **Date:** 10/30/2023  
*Employee Signature (accompanying students)* *(Printed Name)*

**Administrative Approval/Principal:** Lito M Garcia **Date:** 10/30/2023

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**Substitute Required:** No **# of Days** \_\_\_\_\_ **Account Code (for sub):** \_\_\_\_\_

**Cost of Activity:** \$ 0 + **Cost of Transportation:** \$ 0 + **Cost of Substitute:** \$ \_\_\_\_\_ = **Total Cost (Est):** \$ 0.00

**Funds to be charged for all activity expenses:** ( ) Students ( ) Club ( ) PG Pride ( ) Other \_\_\_\_\_

**Account Code:** Wells Fargo Athletic Department Fund - 1965169244 (if necessary)

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### TRANSPORTATION DEPARTMENT/ DISTRICT OFFICE USE

**Date Received:** \_\_\_\_\_ **Transportation Available:** \_\_\_\_\_

**Transportation Type:** ( ) School Bus ( ) Charter

**Approved by Transportation Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by Assistant Superintendent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board Approval:** \_\_\_\_\_ **Date of Board Approval:** \_\_\_\_\_

## PACIFIC GROVE UNIFIED SCHOOL DISTRICT PGHS REQUEST FOR OFF CAMPUS ACTIVITY

Board Approval is required for all out-of-county, out-of-state, or overnight activities. The request must be approved by the Board prior to the event, therefore the request must be submitted **AT LEAST FOUR (4) WEEKS PRIOR TO THE EVENT**. For ALL other activities, submit a request two weeks in advance of activity.

**Date of Activity:** 11/4/2023 **Day of Activity:** SATURDAY  
**Activity Name/ Location:** CCS playoffs - Aptos **Address:** 100 Mariner Way  
**City:** Aptos **County:** Santa Cruz  
**School:** Pacific Grove High School **Teacher/ Class or Club:** Boys water polo **Grade:** 9-12  
**School Departure Time:** 9 a.m. **Pickup Time from Place of Activity:** 1 p.m.  
**Name(s) of Employee(s) Accompanying Students:** Casey Lyon, Brent Jones  
**Number of Adults:** 2 **Number of Students:** 18  
 (Total Chaperones)  
**Description of Activity/ Educational Objective:** CCS playoffs  
**List All Stops:** Aptos High School

I understand that per Board Policy 6153, I am responsible for sending and having returned prior to departure written permission from parents for this trip. cm (Teacher/Coach/Advisors Initials)

**Means of Transportation:** Auto\*  
 (Board Regulation 3541.1 requirements will be complied with when using private autos: cm (Teacher/Coach/Advisors Initials)  
**Name(s) of Auto Drivers (subject to change):** Casey Lyon  
Brent Jones  
 **Form-OCA-1** Release of Driver Record Information is on file with the District on file  
 **Form-OCA-2** Personal Automobile Information is on file with the District on file  
 **Fingerprint** clearance is on file with the District cleared

**Requested By:** Chris Morgan Chris Morgan **Date:** 10/31/2023  
*Employee Signature (accompanying students)* *(Printed Name)*  
**Administrative Approval/Principal:** Lito M Garcia **Date:** 10/31/2023

\*\*\*\*\*  
**Substitute Required:** No **# of Days:** \_\_\_\_\_ **Account Code (for sub):** \_\_\_\_\_  
**Cost of Activity:** \$ 0 + **Cost of Transportation:** \$ 0 + **Cost of Substitute:** \$ \_\_\_\_\_ = **Total Cost (Est):** \$ 0.00  
**Funds to be charged for all activity expenses:** ( ) Students ( ) Club ( ) PG Pride ( ) Other \_\_\_\_\_  
**Account Code:** Wells Fargo Athletic Department Fund (if needed) - #196169244  
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### TRANSPORTATION DEPARTMENT/ DISTRICT OFFICE USE

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**Approved by Assistant Superintendent:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Board Approval:** \_\_\_\_\_ **Date of Board Approval:** \_\_\_\_\_