

- 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

SUBJECT: WALK ON-Out of County or Overnight Activities

DATE: August 15, 2024

PERSON(S) RESPONSIBLE: Joshua Jorn, Assistant Superintendent

RECOMMENDATION:

The District Administration recommends that the Board review and approve 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.

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
2024-25 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>
8/24/2024	Hollister High School Hollister, CA	PGHS Volleyball Team PCAL JV Volleyball Jamboree	Auto	\$ 350.00	na
8/29/2024	Scotts Valley High School Scotts Valley, CA	PGHS Volleyball Team Volleyball Game	Auto	\$ -	na
9/3/2024	Aptos High School Aptos, CA	PGHS Waterpolo Team Waterpolo Game	Charter Bus	\$ 500.00	Waterpolo ASB Account

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: 8/24/24 Day of Activity: Saturday

Activity Name/ Location: PCAL JV Volleyball Jamboree Address: 1220 Monterey St.

City: Hollister, CA County: San Benito

School: Pacific Grove High School Teacher/ Class or Club: Justin Cooper-JV Volleyball Grade: 9-11

School Departure Time: 8 a.m. Pickup Time from Place of Activity: 4 p.m.

Name(s) of Employee(s) Accompanying Students: Justin Cooper, Melissa Gibson

Number of Adults: 2 Number of Students: 12
(Total Chaperones)

Description of Activity/ Educational Objective: PCAL JV Volleyball Jamboree (Site was changed on 8/12/24 to Hollister.)

List All Stops: None

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. DP (Teacher/Coach/Advisors Initials)

Means of Transportation: Auto*
(Board Regulation 3541.1 requirements will be complied with when using private autos: DP (Teacher/Coach/Advisors Initials)
Parents are driving their own children.

Name(s) of Auto Drivers (subject to change):
 Form-OCA-1 Release of Driver Record Information is on file with the District na-parents driving own children
 Form-OCA-2 Personal Automobile Information is on file with the District na-parents driving own children
 Fingerprint clearance is on file with the District na-parents driving own children

Requested By: Daniel P. Powers Daniel P. Powers Date: 08/13/2024
Employee Signature (accompanying students) (Printed Name)

Administrative Approval/Principal: Greg O'Meara Date: 08/13/2024

Substitute Required: No # of Days _____ Account Code (for sub): _____

Cost of Activity: \$ 350.00 + Cost of Transportation: \$ 0 + Cost of Substitute: \$ _____ = Total Cost (Est): \$ 350.00

Funds to be charged for all activity expenses: () Students () Club () PG Pride (x) Other Girls Volleyball Team acc

Account Code: Wells Fargo Athletics Department Fund - 1965169244/405

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: 8/29/24 Day of Activity: Thursday
 Activity Name/ Location: Volleyball Game/ Scotts Valley Address: 555 Glenwood Dr
 City: Scotts Valley County: Santa Cruz
 School: Pacific Grove High School Teacher/ Class or Club: Mountain/Volleyball Grade: 9-12
 School Departure Time: 2:00 p.m. Pickup Time from Place of Activity: 9:00 p.m.
 Name(s) of Employee(s) Accompanying Students: Kyle Mountain, Ali Lyon, Justin Cooper, Jody Garry
 Number of Adults: 4 Number of Students: 42
 (Total Chaperones)
 Description of Activity/ Educational Objective: Volleyball Game
 List All Stops: Scotts Valley 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. KM (Teacher/Coach/Advisors Initials)

Means of Transportation: Auto*
 (Board Regulation 3541.1 requirements will be complied with when using private autos: KM (Teacher/Coach/Advisors Initials)
 Kyle Mountain, Ali Lyon, Justin Cooper, Jody Garry

Name(s) of Auto Drivers (subject to change): _____
 (x) Form-OCA-1 Release of Driver Record Information is on file with the District on file _____
 (x) Form-OCA-2 Personal Automobile Information is on file with the District on file _____
 (x) Fingerprint clearance is on file with the District Cleared

Requested By: Kyle Mountain Kyle Mountain Date: 08/09/2024
 Employee Signature (accompanying students) (Printed Name)

Administrative Approval/Principal: Greg O'Meara Date: 08/09/2024

 Substitute Required: No # of Days _____ Account Code (for sub): _____

Cost of Activity: \$ _____ + Cost of Transportation: \$ _____ + Cost of Substitute: \$ _____ = Total Cost (Est): \$ _____

Funds to be charged for all activity expenses: () Students () Club () PG Pride (x) Other^{na} _____

Account Code: No cost - payment information not needed - FA

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: 9/3/2024 Day of Activity: TUESDAY
Activity Name/ Location: APTOS HS Address: APTOS HS
City: APTOS County: SANTA CRUZ
School: Pacific Grove High School Teacher/ Class or Club: CASEY LYON Grade: 9-12
School Departure Time: 1:30 p.m. Pickup Time from Place of Activity: 8:30 p.m.
Name(s) of Employee(s) Accompanying Students: CASEY LYON, GREG ENTERLINE, BRENT JONES, STEFANIE PECHAN
Number of Adults: 4 Number of Students: 55
(Total Chaperones)
Description of Activity/ Educational Objective: 4 WATER POLO GAMES
List All Stops: APTOS HS

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. CL (Teacher/Coach/Advisors Initials)

Means of Transportation: Charter
(Board Regulation 3541.1 requirements will be complied with when using private autos: CL (Teacher/Coach/Advisors Initials))

Name(s) of Auto Drivers (subject to change): _____
() Form-OCA-1 Release of Driver Record Information is on file with the District _____
() Form-OCA-2 Personal Automobile Information is on file with the District _____
() Fingerprint clearance is on file with the District _____

Requested By: Casey Lyon CASEY LYON Date: 05/16/2024
Employee Signature (accompanying students) *(Printed Name)*

Administrative Approval/Principal: Greg O'Meara Date: 05/17/2024

Substitute Required: No # of Days _____ Account Code (for sub): _____

Cost of Activity: \$ _____ + Cost of Transportation: \$ 500 + Cost of Substitute: \$ _____ = Total Cost (Est): \$ 500.00

Funds to be charged for all activity expenses: () Students () Club () PG Pride () Other Boys Water Polo

Account Code: Wells Fargo Bank Athletic Department Funds-#1965169244/420

TRANSPORTATION DEPARTMENT/ DISTRICT OFFICE USE

Date Received: 08/12/2024 Transportation Available: No

Transportation Type: () School Bus (x) Charter

Approved by Transportation Supervisor: Jon Anderson Date: 08/13/2024

Approved by Assistant Superintendent: _____ Date: _____

Board Approval: _____ Date of Board Approval: _____