

OUT OF STATE OR OVERNIGHT STUDENT TRAVEL REQUEST FORM

DATE SUBMITTED _____

SCHOOL _____

SPONSOR / COACH NAME _____

SPONSOR/ COACH PHONE NUMBER _____

ORGANIZATION OR GROUP _____

Destination _____

Address _____

Out-of-State

Overnight (*Give name, address, phone # of lodging*) _____

PURPOSE OF TRIP (i.e., Competition, Conference, Athletic Event, Educational Field Trip)

Date(s) of Trip _____

Departure Date / Time _____ Return Date / Time _____

OF SCHOOL DAYS ABSENT _____

Number of Students _____ Sponsors / Coaches _____ Chaperones _____

Sponsor Signature _____ Date _____

Principal Approval _____ Date _____

Per Board Policy 09.36

OVERNIGHT TRIPS/OUT OF STATE TRIPS

The Board shall approve all overnight and all out-of-state school-related trips.