STUDENT TRAVEL REQUEST

_____ _____ _____
        SCHOOL   **ORGANIZATION/CLUB**   **SPONSOR/COORDINATOR**

EVENT/ACTIVITY: _____

SPONSORED BY: _____

LOCATION: _____

DATE(S): _____ **TIME(S) OF EVENT(S):** _____

PURPOSE/EDUCATIONAL VALUE: _____
_____

OVERNIGHT: YES_____   **NO**_____   **If yes, an itinerary form <u>MUST</u> be included with this request.**

NUMBER OF STUDENTS ATTENDING: Boys _____   **Girls** _____

CHAPERONES:

Professionals	**<u>Para</u>professionals**	**Parents**
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRANSPORTATION: (please check one):

District Supplied _____   **Private Vehicle** _____

If a private vehicle is to be used, please provide details _____
_____

FUNDING: (check appropriate funding): Regular Budget ____ **Activity Budget** ____ **Student Funds** ____

ACCOUNT NUMBER(S):

Regular _____

Activity _____

APPROXIMATE COST TO THE DISTRICT: $_____   **TO THE STUDENT: $**_____

SPONSOR: _____   **DATE:** _____

PRINCIPAL: _____   **DATE:** _____

DIRECTOR: _____   **DATE:** _____

ASSISTANT SUPERINTENDENT: _____   **DATE:** _____