

EXTRA-CURRICULAR
STUDENT TRAVEL APPROVAL FORM

Student travel must be approved based on the direct benefits for the students. The trip must have approval of Superintendent or designee before any travel arrangements and reservations are made or students and parents become involved with any facet of the trip. Out-of-state travel must have Board approval.

Name of Group: Odesa FFA Campus: OHS

Date of trip: 10/22/07 Grade levels involved: 11 & 12 Number of students: 6
Number of instructional days: 4 Location: I

(Please attach an itinerary)

Funding source: District Budget Campus Budget Department Budget Activity fund Personal

Instructional days out of the classroom: The sponsors/coaches/directors have checked the accrued number of days for each participant? Yes No

Trip function: Cocurricular Extracurricular Non-athletic Competition

Trip profile: In-state Out-of-state Overseas Tour Field trip Invitational
 Annual Biennial Post-district Competition associated with a tour or attraction

Transportation mode: School bus School suburban Charter bus plane

How does the trip relate to and benefit the Campus Improvement Plan, District Improvement Plan and/or the TEKS?

Does the trip require fund-raisers? Yes No

Are deadlines established to guide the sponsors/directors if the trip has to be canceled due to lack of funding?
 Yes No

How many sponsors will accompany the students? 2 including Advisor
What is the ratio of sponsors to students? Sponsors 2 / Students 6 (gender appropriate)

Student orientation - Date: 10/19/07 Time: 6:00 Location: Ag. Science Classroom
Parent orientation - Date: 10/19/07 Time: 6:00 Location: Ag. Science Classroom
Sponsor orientation - Date: 10/19/07 Time: 6:00 Location: Ag. Science Classroom

Sponsor criminal background check - Date: _____
Will any kind of insurance be required? Yes No Travel Permit slip
Will room and baggage searches be required? Yes No

Medical and travel releases will be required.
Coach/Sponsor: [Signature] (Signature) 9/28/07 (Date)

Field Trips/Excursions
UIL Competition

Principal approval: [Signature] (Signature) 9-28-07 (Date)

(District Sanctioned Competition)
(K-8 Field Trips/Excursions)

Superintendent or designee Approval: _____ (Signature) _____ (Date)

Board approval: _____ (Signature) _____ (Date)
(Out-of-state)

Ector County ISD
068901

COMPENSATION AND BENEFITS
TRAVEL

DEE
(EXHIBIT-3)

EMPLOYEE TRAVEL APPROVAL FORM

Campus: CHS

Current Assignment: Ag. Science

Employee travel may be approved based on the instructional benefits for the students and the District. Out-of-State travel must be submitted to the Assistant Superintendent over the campus. The Assistant Superintendent will review the request and notify the principal of his/her decision. **Approval must be granted before an employee registers or makes reservations for a conference.**

Date of trip/conference: 10/22-10-27-07

Location: Indianapolis, Indiana

Funding source: Budget school department)
 Activity Fund
 Personal
 Outside Agency

Instructional days out of the classroom: 5 (day/s this trip) (day/s this year)
Substitute required? Yes No

How does this trip relate to the TEKS and/or benefit instruction?

Please explain, including the educational objective: It will allow the students to observe the "culmination" of a years work in FFA. The national convention brings together students from all 50 states, Puerto Rico & Guam. The experience will help build and grow our local chapter by exposing our members to new ideas and methods of bettering the Ag. Science program.

How does this trip relate to and benefit the Campus Improvement Plan?

Please explain, including the educational objective: The convention will allow our members to see how other chapters and other states conduct their annual plan of work. It will help them improve not only what we do, but how we do it.

How does this trip relate to and benefit the District Improvement Plan?

Please explain, including the educational objective: It will raise the profile of the Ector FFA by letting our members see new and different ways to grow & improve our organization. The students will see several different ag. production ideas & methods as well.

How will the information learned be shared within the District?

Certifies applicant to train others in the District Report to principals
 Report to departments/others on campus Report to the Board, Cabinet, or Instructional Council

Does this trip relate to making a presentation representing the District? Yes No
Who initiated the request? The organization or conference The District TEA

(Please attach the notification of acceptance)

Does this trip relate to an award or recognition for the District? Yes No

Ector County ISD
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COMPENSATION AND BENEFITS
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DEE
(EXHIBIT-3)

Who initiated the recognition? Local State National
(Please attach the acknowledgment of recognition)

Location justification: In-District ESC 18 Out-of-District Out-of-state

(Campus Budget Authority)

Employee Signature: _____

Signature

9/28/07
Date

CIT approval: _____

(if required by Principal)

Signature

Date

V- Principal approval: _____

Signature

9-28-07
Date

(District Department Budget Authority)

Director approval: _____

(if outside the campus budget)

Signature

10/2/07
Date

(Out-of-State)

Assistant Superintendent
approval: _____

Signature

Date

Cabinet Approval: Approved Not Approved

DATE ISSUED: 5/18/99
LOCAL UPDATE
DEE (EXHIBIT-3)

REVIEWED: 5/03/99

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