



HISD OUT OF STATE TRAVEL PROCEDURES



Date of Request: 9/29/26

Include supporting documentation (use reverse side if necessary). Submit all materials to the Principal a minimum of 45 days prior to the field trip.

Name of Class/Group: West Elementary 4th grade

Destination(s): Sci-port, Shreveport, LA

Brief Description of the Educational Learning Experience:

- Watching a scientific phenomenon happen right in front of them, making observations, predicting what will happen, and discussing why it happened.

Sci-port takes an overall approach as active science discovery and learning through HANDS on STEM activities.

Date of Trip: Nov. 13, 2026

What is the total number of days students will be absent from school? 1

Number of students involved: 148 Number of chaperones: 14

Attach a sample permission form to be signed by parent/guardian.

- ◆ Please attach a list of the names of all students and chaperones attending this trip.
- ◆ Please attach an itinerary and breakdown of the estimated costs.

Anna Oran

Requesting Teacher's Signature

[Signature]

Principal's Signature

[Signature]

Superintendent's Signature of Approval

Board President's Signature

**Hallsville Independent School District
REQUEST TO ATTEND**

RTA Must be approved before any funds are committed.

Instructions: A "Request to Attend" form must be submitted for approval any time a staff member plans to be out of the district on school business. Please indicate transportation (mileage), meals, lodging, registration fees, etc. if applicable. Every completed form must include district/campus budget account numbers for travel expenses. All forms require the signature of the immediate supervisor/principal. Forms should be submitted at least 30 days prior to the date of event and before any funds are expended.

Name/Position: ORAM SUMMER 4TH GRADE LEAD		Date: 09/24/2026
Campus: West Elementary		
Departure Date: 11/13/2026 Time: 8:00 AM	Return Date: 11/13/2026 Time: 1:30 PM	
Name of Conf/Location: SCI-PORT		SHREVEPORT LA
Have you attended this conference/training before? Yes		If yes, when?
Will Substitute be needed: No		If yes, how many days:
Travelling out of state? Yes		(If yes, Board approval is needed)
School vehicle reserved? No		Reservation Form HERE
Students Travel Info Total Number of Students 148		Students allowed \$12 per meal
Complete number of meals: Breakfasts: 0 Lunches: 0 Dinners: 0 Total Student Cost for Meals: 0.00		
I choose meals to be: N/A-Enter 0 in meal fields		
Employee Meals Advanced - W/NO Receipts- \$40 /Day-\$10 Breakfast; \$12 Lunch \$18 Dinner		
Meals Reimbursed (at return w/ itemized receipts) \$55 /Day-\$10 Breakfast, \$20 Lunch and \$25 Dinner (Federal Breakfast may not be advanced or reimbursed if served at hotel for free.)		
Complete number of meals: Breakfasts: 0 Lunches: 0 Dinners: 0 Total Cost for Emp Meals: 0.00		
Transportation (only if school vehicle is not available) (Mileage for _____ miles)		\$
Rental Car- \$40 a day, unlimited mileage. Mon-Sat Pick-up/drop-off. ***MUST USE over employee reimbursement when cheaper.		\$
Parking - not advanced (can be charged on \$ Travel card)		\$
Hotel Name: (Best value should be considered for the district) List 3 Hotel Options May book hotel after approval		
(1) Hotel Name:	Hotel #1 Total:	
(2) Hotel Name:	Hotel #2 Total:	
(3) Hotel Name:	Hotel #3 Total:	
Registration (attach copy of registration form for the class or conference attending)		\$
Other (Specify) ADMISSION (INCLUDING IMAX EXPERIENCE; MAY BE CHEAPER)		\$ 2,516.00
Airfare Name: (Best value should be considered for the district) List 3 Airline Options May Book Flight after approval		
(1) Airline Name:	Airline #1 Total:	
(2) Airline Name:	Airline #2 Total:	
(3) Airline Name:	Airline #3 Total:	
Estimated Total		\$ 2,516.00
Travel Account Number to be used (Required): 461-E-36-6412-TR-109-0-99-109		
Person Receiving Check SUMMER ORAM		Date: 11/12/2026
Cassandra Solis Campus Principal/Supervisor Date: 09/25/2026		John Martin Superintendent Approval Date: 09/28/2026
Travel Notes: Reimbursement Checks will be issued for meals and mileage if applicable upon RETURN of the trip with By attending this training, you should be able to gather information to bring back to your department/campus. How do you plan to share the information with your colleagues and teach them what you learned? Please attach a summary. Please attach an explanation of the reason for travel that is directly linked to campus and district plan, along with the benefits and how it ties into TEKS and classroom instruction		

Hallsville Independent School District REQUEST TO ATTEND		RTA Must be approved before any funds are committed.
2023-2024		
<i>Instructions: A "Request to Attend" form must be submitted for approval any time a staff member plans to be out of the district on school business. Please indicate transportation (mileage), meals, lodging, registration fees, etc. if applicable. Every completed form must include district/campus budget account numbers for travel expenses. All forms require the signature of the immediate supervisor/principal. Forms should be submitted at least 30 days prior to the date of event and before any funds are expended.</i>		
Name/Position: <u>Summer Oram</u>		Date: <u>9/18/26</u>
Campus: <u>West Elementary</u>		
Departure Date: <u>Nov 13</u> Time: <u>8:15</u>	Return Date: <u>Nov 13</u> Time: <u>1:30</u>	
Name of Conf/Location: <u>SCU Port / Shreveport, LA</u>		
Have you attended this conference/training before? <u>Yes</u> If yes, when?		
Will Substitute be needed: <u>NO</u> If yes, how many days:		
Travelling out of state? <u>Yes</u> (If yes, Board approval is needed)		
School vehicle reserved? _____ Reservation Form		
Students Travel Info Total Number of Students <u>148</u> Students allowed _____ per meal		
Complete number of meals: Breakfasts: _____ Lunches: _____ Dinners: _____ Total Student Cost for Meals: _____		
I choose meals to be:		
Employee Meals Advanced - W/NO Receipts- /Day- Breakfast; Lunch; Dinner Meals Reimbursed (at return w/ itemized receipts): /Day- Breakfast, Lunch and Dinner (Federal Breakfast may not be advanced or reimbursed if funds require reimbursement only) served at hotel for free.		
Complete number of meals: Breakfasts _____ Lunches: _____ Dinners: _____ Total Cost for Emp Meals: _____		
Transportation (only if school vehicle is not available) (Mileage _____ for _____ miles)		\$
Rental Car- _____ a day, unlimited mileage. Mon-Sat Pick-up/drop-off. ***MUST USE over employee reimbursement when cheaper.		\$
Parking - not advanced (can be charged on \$ Travel card)		\$
Hotel Name: (Best value should be considered for the district) List 3 Hotel Options May book hotel after approval		
(1) Hotel Name:	Hotel #1 Total:	Chosen Hotel Total \$
(2) Hotel Name:	Hotel #2 Total:	
(3) Hotel Name:	Hotel #3 Total:	
Registration (attach copy of registration form for the class or conference attending)		\$
Other (Specify)		\$
Airfare Name: (Best value should be considered for the district) List 3 Airline Options May Book Flight after approval		
(1) Airline Name:	Airline #1 Total:	Chosen Airline Total \$
(2) Airline Name:	Airline #2 Total:	
(3) Airline Name:	Airline #3 Total:	
Estimated Total		\$
Travel Account Number to be used (Required):		
Person Receiving Check _____ Date: _____		
Campus Principal/Supervisor _____ Date: _____ Superintendent Approval _____ Date: _____		
Travel Notes: Reimbursement Checks will be issued for meals and mileage if applicable upon RETURN of the trip with By attending this training, you should be able to gather information to bring back to your department/campus. How do you plan to share the information with your colleagues and teach them what you learned? Please attach a summary. Please attach an explanation of the reason for travel that is directly linked to campus and district plan, along with the benefits and how it ties into TEKS and classroom instruction		

Hi there,

Only GA would be \$10 per student, GA + IMAX would be \$17 per student.

Are your adults teachers or chaperones/parents? Also, do you have a Tax ID?

2026-27 School Field Trip Rates					
	General Admission	Combo Rate (General Admission & IMAX® Film)	FilmPort Exhibition**	SnoPort or GamePort Exhibition	IMAX® Documentary Film ONLY
Student	\$10	\$17	Free	\$3	\$8
Teacher/School Staff*	Free*	Free*	Free	\$3	Free*
Non-Staff Chaperone	\$10	\$17	Free	\$3	\$8
* For every 10 students, 1 teacher or school staff person receives free admission. Additional teachers/school staff beyond the 1:10 ratio will be charged the student rate.					
Documentary Films are traditional/educational films lasting ~60 minutes (such as Superpower Dogs, Pandas, etc.).					
** Note: The FilmPort Exhibition has no fee associated with it. However, educators MUST BOOK the exhibition in order to attend it during their field trip.					
Rates good from July, 2026 through May, 2027.					

As of: June 2027

Jessica M. Richardson
Reservations Manager
Sci-Port Discovery Center
820 Clyde Fant Parkway
Shreveport, LA 71101
Reservations@sciport.org
318.424.3466

148 students \$2,516 = admission + IMAX
X \$17 =

148 students x \$10 = \$1,480 admission only

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