

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: BPA-Business Professionals of America Campus: Advanced Technical Center

Date of trip: April 24-29, 2012 Grade levels involved: 11-12 Number of students: 6
Number of instructional days: 3 Location: Chicago, IL
(Please attach an itinerary)

Funding source: District Budget Campus Budget Department Budget BPA 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 Competition (Non-athletic)

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
What is the ratio of sponsors to students? Sponsors 1/Students 3 (gender appropriate)

Student orientation - Date: March 3, 2012 Time: 7:00 PM Location: Dallas, TX
Parent orientation - Date: April 16, 2012 Time: 6:00 PM Location: CTE at NEW TECH
Sponsor orientation - Date: March 3, 2012 Time: 7:00 PM Location: Dallas, TX
Sponsor criminal background check - Date: _____

Will any kind of insurance be required? Yes No
Will room and baggage searches be required? Yes No

Medical and travel releases will be required.

Coach/Sponsor: Candy Thompson / Ann Kennedy _____
(Signature) (Date)

Principal approval: Paula Bynne _____ 3/19/12
(Signature) (Date)
Field Trips/Excursions
UIL Competition

(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 C)

Form 103

OUT OF STATE
EMPLOYEE TRAVEL APPROVAL FORM

Campus Advanced Technical Center Current Assignment CTE TEACHER

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 or Executive Director over the campus or Department. The Assistant Superintendent or Executive Director will review the request and notify the principal. Approval must be granted before an employee registers or makes reservations for a conference.

Name: Ann Kennedy

Campus: Advanced Technical Center Current Assignment: CTE TEACHER

Name of trip/conference and organizer (i.e., TEPSA, TASA, TAGT, etc.) BPA NATIONAL LEADERSHIP CONFERENCE/CONTEST

Date of trip/conference: APRIL 24-29, 2012 Location: CHICAGO, IL

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

Instructional days out of the classroom: 3 (day/s this trip) 4 (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:

By allowing students to experience a learning environment on a national level. Teachers & students will have the opportunity to communicate with other states in their programs of study.

How does this trip relate to and benefit the Campus Improvement Plan?
Please explain, including the educational objective:

It allows the opportunity for future students to participate in CTSO's. It also provides for recognition of educational excellence in Business and Technology fields of study.

How does this trip relate to and benefit the District Improvement Plan?
Please explain, including the educational objective?

Recognizes that our students can and DO compete on state and national levels. Provides high level learning experiences.

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, Superintendent's Leadership Council, or Instructional Collaborative Team

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)

DATE ISSUED: 01/14/03
DEE (EXHIBIT C)


ADOPTED: 12/17/02
UPDATED: 08/24/2006

Ector County ISD
068901

COMPENSATION AND BENEFITS
TRAVEL

DEE
(EXHIBIT C)

Does this trip relate to an award or recognition for the District? Yes No
Who initiated the recognition? Local State National
(Please attach the acknowledgment of recognition)

Employee signature:  3-9-12
Signature Date

CIT approval: _____
(if required by Principal) Signature Date

Principal approval:  3/19/12
Signature Date

Director approval: _____
(if outside the campus budget) Signature Date

Assistant Superintendent or Executive Director
approval: _____
Signature Date

All directors must approve travel financed with categorical funds.

Ector County ISD
068901

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DEE
(EXHIBIT C)

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Name: Candy Thompson

Campus: Advanced Technical Center Current Assignment: CTE TEACHER

Name of trip/conference and organizer (i.e., TEPSA, TASA, TAGT, etc.) BPA NATIONAL LEADERSHIP CONFERENCE/CONTEST

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Funding source: Budget (school CTE department)
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 Outside Agency

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Please explain, including the educational objective?

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

Does this trip relate to an award or recognition for the District? Yes No
Who initiated the recognition? Local State National
(Please attach the acknowledgment of recognition)

Employee signature: Candy Thompson 3/9/12
Signature Date

CIT approval: _____
(if required by Principal) Signature Date

Principal approval: Carla Bynum 3/19/12
Signature Date

Director approval: _____
(if outside the campus budget) Signature Date

Assistant Superintendent or Executive Director
approval: _____
Signature Date

All directors must approve travel financed with categorical funds.