

OVERNIGHT NON-ATHLETIC
STUDENT TRAVEL APPROVAL FORM

Student travel must be approved based on the direct benefits for the students. The trip must have Assistant Superintendent approval 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 Cabinet approval.

Name of Group: Student Assistance Services \ SDFSC Conference Campus: Permian High, Nimitz JHS

Date of trip: 02/05—08/05 Grade levels involved: 9th, 10th, 11th Number of students: 07
Number of instructional days: 02 Location: Corpus Christi, Texas
(Please attach an itinerary)

Funding source: XX Federal Funding Campus Budget XX Dept. Budget Activity fund Personal

Instructional days out of the classroom: Students may not miss more than ten days instruction in an academic year. The sponsors\coaches\directors have checked the accrued number of days for each participant? Yes No

Type of function: XX Cocurricular Extracurricular Non-athletic competition

Trip profile: XX In-state Out-of-state Overseas Tour Field trip

Transportation mode: School bus XX School suburban Charter bus Plane

How does the trip relate to and benefit the Campus Improvement Plan, District Improvement Plan and\or the TAKS? The students will receive education and alcohol, tobacco, and drug abuse and how these substance affect the mind and development of the mind in human beings. The students will bring back that knowledge to be shared in the D-FY-IT programs on each secondary campus. In addition, ECISD will be presenting on substance abuse and use for educators and law enforcement.

Does the trip require fund-raising? Yes XX No

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

How many sponsors will accompany the students? 7
What is the ratio of sponsors to students? Sponsors 7 \ Students 7 (gender appropriate)

Student orientation – Date: Time: Location: SAS Office

Parent orientation – Date: Time: Location: SAS Office

Sponsor orientation – Date: Time: Location: SAS Office

Sponsor criminal background check – Date: Parents and ECISD District Employees

Ector County ISD
068901

STUDENT ACTIVITIES
TRAVEL

FMG
(EXHIBIT 21)

Will any kind of insurance be required? Yes No
Will room and baggage searches be required? Yes No
Will drug/alcohol – testing kits be available? Yes No

Medical and travel releases will be required.

Coach\Sponsor: David R. Mallock 12/01/04
Signature Date

(District sanctioned competition)
Principal approval: [Signature] 12/01/04
Signature Date

(Overnight)
Director Approval: [Signature] 12-03/04
Signature Date

(More than one night)
Assistant Superintendent Approval: [Signature] 1/3/05 AG
Signature Date

(Out-of-State)
Cabinet approval: Wendell Adlis 1-5-05
Signature Date

DATE ISSUED: 05/18/99
LOCAL UPDATE
FMG (EXHIBIT 21)

REVIEWED: 05/03/99