

STUDENT ACTIVITIES:  
TRAVEL

FMG  
(EXHIBIT 21)

OVERNIGHT *(NON-ATHLETIC)?*  
STUDENT TRAVEL APPROVAL FORM

Student travel must be approved based on the direct benefits for the students. The trip must have **approval of Assistant Superintendent or designee 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 Board approval**.

Name of Group: \_\_\_\_\_ Campus: \_\_\_\_\_

Date of trip: \_\_\_\_\_ Grade levels involved: \_\_\_\_\_ Number of students: \_\_\_\_\_

Number of instructional days: \_\_\_\_\_ Location: \_\_\_\_\_  
(Please attach an itinerary)

Funding source: \_\_\_\_\_ District \_\_\_\_\_ Campus \_\_\_\_\_ Department \_\_\_\_\_  
Budget \_\_\_\_\_ Budget \_\_\_\_\_ 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

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? \_\_\_\_\_

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

Student orientation - Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Parent orientation - Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Sponsor orientation - Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Sponsor criminal background check - Date: \_\_\_\_\_

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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: \_\_\_\_\_  
(Signature) (Date)

~~(District sanctioned competition)~~ **Field Trips/Excursions**  
**UIL Competition**

Principal approval: \_\_\_\_\_  
(Signature) (Date)

~~(Overnight)~~

Director approval: \_\_\_\_\_  
(Signature) ~~(Date)~~

~~(More than one night)~~ **(District Sanctioned Competition)**  
**(K-8 Field Trips/Excursions)**

~~Assistant Superintendent~~ **or designee**  
approval: \_\_\_\_\_

(Signature)

(Date)

(Out-of-state)

**Board**

~~Cabinet~~ approval: \_\_\_\_\_  
(Signature) (Date)