

Denton Independent School District Request for Out of State Student Travel

I. ORGANIZATIONAL DATA

Campus _____ Date of Request _____

School Organization _____ Activity Sponsor _____

II. DESCRIPTION OF PROPOSED TRAVEL

Destination(s)** _____

Description of Activities or Events _____

Dates of Travel _____ Mode of Travel _____

Number of Student Participants _____ Number of Adult Sponsors/Chaperones _____

Educational Purposes and Value _____

** Attach copy of proposed itinerary

III. SOURCE OF FUNDING

Source	Amount
<input type="checkbox"/> District Title 1	_____
<input type="checkbox"/> Students (personal)	_____
<input type="checkbox"/> Organization	_____
<input type="checkbox"/> Fund Raising Activities***	_____
<input type="checkbox"/> Other: _____	_____

Total Cost of Activity

Estimated Cost/Student

***Description of Fund Raising Activities (if required)

IV. ORGANIZATIONAL REVIEW / APPROVAL

Principal	NAME	SIGNATURE	DATE OF APPROVAL
School Operations	NAME	SIGNATURE	DATE OF APPROVAL
Superintendent	NAME	SIGNATURE	DATE OF APPROVAL
Board President	NAME	SIGNATURE	DATE OF APPROVAL

***Reference Policy FMG (L)**