

Denton Independent School District Request for Travel Non State-Sanctioned Activities*

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

<u>Source</u>	<u>Amount</u>
<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	<div style="border: 1px solid black; width: 100px; height: 20px; background-color: #cccccc;"></div>
Estimated Cost/Student	<div style="border: 1px solid black; width: 100px; height: 20px; background-color: #cccccc;"></div>

***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)