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

ORGANIZATION				
Campus		Date of Request		
School Organization		Activity Sponsor		
DESCRIPTION	OF PROPOSED TRAN	/EL		
Destination(s)**				
Description of Activ	vities or Events			
Dates of Travel		Mode of Travel	Mode of Travel	
Number of Student Participants		Number of Adult Spon	Number of Adult Sponsors/Chaperones	
Educational Purpo	ses and Value			
** ^(//				
** Attach copy of p	roposed itinerary			
SOURCE OF FU	UNDING			
<u>Source</u>	UNDING  Amount	***Description of Fund	I Raising Activities (if required)	
Source  District Title 1	<u>Amount</u>		d Raising Activities (if required)	
Source  District Title 1  Students (pers	Amount sonal)			
Source  District Title 1  Students (personal organization)	Amountsonal)			
Source  District Title 1  Students (personal Organization)  Fund Raising	Amount  sonal)  Activities***			
Source  District Title 1  Students (personal Organization)  Fund Raising	Amountsonal)			
Source  District Title 1  Students (personal Organization Fund Raising A Other:	Amount  sonal)  Activities***			
Source  District Title 1  Students (personal Organization  Fund Raising Armonal Other:  Total Communication	Amount  sonal)  Activities***			
Source  District Title 1  Students (personal District Title 1  Students (personal District Title 1  Total Content District Title 1  Total Content District Title 1  Estimated	Amount  sonal)  Activities***  Cost of Activity			
Source  District Title 1  Students (personal District Title 1  Students (personal District Title 1  Total Content District Title 1  Total Content District Title 1  Estimated	Amount  Sonal)  Activities***  Cost of Activity Cost/Student  NAL REVIEW / APPR	OVAL		
Source  District Title 1  Students (personal personal per	Amount  Sonal)  Activities***  Cost of Activity Cost/Student  NAME			
Source  District Title 1  Students (personal Companization of the compan	Amount  Sonal)  Activities***  Cost of Activity Cost/Student  NAME	OVAL		
Source  District Title 1  Students (personal personal per	Amount  Sonal)  Activities***  Cost of Activity Cost/Student  NAME  NAME	OVAL	DATE OF APPROVAL	
Source  District Title 1  Students (personal contents)  Total Contents  DRGANIZATIO  Principal  School Operations	Amount  Sonal)  Activities***  Cost of Activity Cost/Student  NAME NAME	OVAL  SIGNATURE  SIGNATURE	DATE OF APPROVAL  DATE OF APPROVAL	