

**Denton Independent School District  
Request for Out of State  
Student Travel**

**I. ORGANIZATIONAL DATA**

Campus Denton High School Date of Request 21 AUG 2013  
School Organization American Sign Language Activity Sponsor Jamie M. Covey

**II. DESCRIPTION OF PROPOSED TRAVEL**

Destination(s)\*\* Gallaudet University, Washington D.C. (5th Biennial)  
Description of Activities or Events Students will stay on campus at Gallaudet University, attend classes, observe Deaf Culture and explore historical sites in Washington, D.C.  
Dates of Travel 20 MAR → 23 MAR 2014 Mode of Travel Commercial Airplane  
Number of Student Participants 20 Number of Adult Sponsors/Chaperones 4  
Educational Purposes and Value Students will be emerged in the American Sign Language-rich/Deaf Culture-rich environment of the only all-Deaf Liberal Arts University in the world. Additionally, students will solidify American History knowledge by experiencing Washington, D.C.'s museums and historical monuments.

\*\* Attach copy of proposed itinerary

**III. SOURCE OF FUNDING**

<u>Source</u>	<u>Amount</u>
<input type="checkbox"/> District Title 1	_____
<input checked="" type="checkbox"/> Students (personal)	<u>Possible \$700.00</u>
<input type="checkbox"/> Organization	_____
<input checked="" type="checkbox"/> Fund Raising Activities***	<u>Possible \$700.00</u>
<input type="checkbox"/> Other: _____	_____

Total Cost of Activity	<u>\$700.00</u>
Estimated Cost/Student	<u>Possible \$700.00</u>

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

Students will be provided a variety of opportunities to fund raise their entire amount. We participate in a "Red Wheel" pie sale before Thanksgiving and Easter.

**IV. ORGANIZATIONAL REVIEW / APPROVAL**

Principal	<u>David Ford</u> NAME	<u>[Signature]</u> SIGNATURE	<u>8-21-13</u> DATE OF APPROVAL
School Operations	<u>DAVID Hicks</u> NAME	<u>David Hicks</u> SIGNATURE	<u>8-26-13</u> DATE OF APPROVAL
Superintendent	_____ NAME	_____ SIGNATURE	_____ DATE OF APPROVAL
Board President	_____ NAME	_____ SIGNATURE	_____ DATE OF APPROVAL

\*Reference Policy FMG (L)