

STUDENT ACTIVITIES:
TRAVEL

EXTRA-CURRICULAR
STUDENT TRAVEL APPROVAL FORM

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

Name of Group: Symphonic Band Campus: PERMINA

Date of trip: 12/18/06 Grade levels involved: 10-12 Number of students: 75
Number of instructional days: 1 Location: Chicago, IL
(Please attach an itinerary)

Funding source: ___ District Budget ___ Campus Budget ___ Department Budget ___ Activity fund Personal

Instructional days out of the classroom: 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?

Cultural Educational performance opportunities.

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? 20

What is the ratio of sponsors to students? Sponsors 1 / Students 5 (gender appropriate)

Student orientation - Date: May 28, 06 Time: 7:00 p.m. Location: BAND HALL PHS

Parent orientation - Date: May 18, 06 Time: 7:00 p.m. Location: BAND HALL PHS

Sponsor orientation - Date: May 18, 06 Time: 7:00 a.m. Location: BAND HALL PHS

Sponsor criminal background check - Date: May 18, 06

Will any kind of insurance be required? ___ Yes No

Will room and baggage searches be required? Yes ___ No

Medical and travel releases will be required.

Coach/Sponsor: [Signature] 5/10/06
(Signature) (Date)

Principal approval: [Signature] May 10, 2006
(Signature) (Date)

Superintendent or designee Approval: [Signature] 5/10/06
(Signature) (Date)
(District Sanctioned Competition)
(K-8 Field Trips/Excursions)
(Out-of-state)

Board approval: _____
(Signature) (Date)