

# 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

<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)**