

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: BUSINESS PROFESSIONALS OF AMERICA Campus: PERMIAN HIGH SCHOOL

Date of trip: MAY 4-9, 2016 Grade levels involved: 10-12 Number of students: 8
Number of instructional days: 2 Location: BOSTON, MA
(Please attach an itinerary)

Funding source: ___ District Budget ___ Campus Budget xxx 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? xx Yes ___ No

Trip function: xxx Cocurricular ___ Extracurricular xxx Competition (Non-athletic)

Trip profile: ___ In-state xxx Out-of-state ___ Overseas ___ Tour ___ Field trip ___ Invitational
xxx Annual ___ Biennial xxx 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?

Does the trip require fund-raisers? xxx Yes ___ No

Are deadlines established to guide the sponsors/directors if the trip has to be canceled due to lack of funding?
___ Yes xxx No

How many sponsors will accompany the students? 4
What is the ratio of sponsors to students? Sponsors 4 / Students 8 (gender appropriate)

Student orientation - Date: APRIL 28, 2016 Time: 6:00 PM Location: ROOM B-3 PERMIAN HIGH SCHOOL

Parent orientation - Date: APRIL 28, 2016 Time: 6:00 PM Location: ROOM B-3 PERMIAN HIGH SCHOOL

Sponsor orientation - Date: ONGOING Time: ONGOING Location: ALL ORIENTATION VIA EMAIL

Sponsor criminal background check - Date: _____

Will any kind of insurance be required? ___ Yes xxx No

Will room and baggage searches be required? xxx Yes ___ No

Medical and travel releases will be required.

Coach/Sponsor: Candy Thompson (Signature) 3/16/16 (Date)

Principal approval: _____ (Signature) 3-16-16 (Date)
Field Trips/Excursions
UIL Competition

Superintendent or designee Approval: _____ (Signature) 3/17/16 (Date)
(District Sanctioned Competition)
(K-8 Field Trips/Excursions)

Board approval: _____ (Signature) _____ (Date)
(Out-of-state)