

Ector County ISD
068901

STUDENT ACTIVITIES:
TRAVEL

FMG
(EXHIBIT 21)

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: Welding student Campus: OHS/ATC-Grandview

Date of trip: Sept 15-19, 2012 Grade/levels involved: 12 Number of students: 1

Number of instructional days: 3 Location: Washington Leadership Training Institute
(Please attach an itinerary)

Funding source: 1162-CTE 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 Competition (Non-athletic)

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? T1P1.2

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

Student orientation - Date: _____ Time: _____ Location: _____

Parent orientation - Date: _____ Time: _____ Location: _____

Sponsor orientation - Date: _____ Time: _____ Location: _____

Sponsor criminal background check - Date: school district employee - welding instructor

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] _____ (Date) _____

Principal approval: [Signature] _____ (Date) 8/6/12

(District Sanctioned Competition)
(K-8 Field Trips/Excursions)

Superintendent or designee Approval: _____ (Date) _____

Board approval: _____ (Date) _____

Board approval: _____ (Date) _____

Board approval: _____ (Date) _____

DATE ISSUED: 04/21/04 FMG (EXHIBIT 21) REVIEWED: 9/2009 1 OF 1