



Overnight Student Travel Request

Details Of Travel

Due Date: _____

Group Name: _____ Sponsor: _____

Number of Students: _____ Date Submitted: _____

Destination: _____ Mode of Transportation: _____

Date(s) of Trip: _____ Will Students miss any school days/dates? _____

Number of Sponsors: _____ Administrators: _____ Add't Teachers/Chaperones: _____

Reason and Funding for Travel

Purpose: _____

Is this a competition, invitational, or extra-curricular? _____

If it is a competition, describe the levels of competition that students have achieved that have qualified them for this competition? _____

How will trip be funded?

Students expenses will be paid using _____

Sponsors expenses will be paid using _____

Chaperone expenses will be paid using _____

Administrator expenses will be paid using _____

Approval for Overnight, Out of State and International Trips

NOT

Approved Approved

Principal/Date _____

Chief Operations Officer/Date _____

Superintendent/Date _____

(Needed ONLY for International Trips)

All supporting documentation as required in the "Trip Approval" section of CISD Policy FMG (Local) must be completed and attached to this request when submitted to the building principal