

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: Permian High School Band & Orchestra Campus: Permian High School

Date of trip: March 31 - April 2, 2011 Grade levels involved: 10-12 Number of students: 250+
Number of instructional days: 2 Location: Breckenridge, Colorado
(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?

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? 30+

What is the ratio of sponsors to students? Sponsors 1 / Students 8 (gender appropriate)

Student orientation - Date: February 25, 2011 Time: 7:00 pm Location: PHS Band Hall

Parent orientation - Date: February 25, 2011 Time: 7:00 pm Location: PHS Band Hall

Sponsor orientation - Date: February 25, 2011 Time: 7:00 pm Location: PHS Band Hall

Sponsor criminal background check - Date: February 25, 2011

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.^s

Coach/Sponsor: [Signature] September 15, 2010
(Signature) (Date)

Principal approval: [Signature] 9/16/10
(Signature) (Date)

Superintendent or designee Approval: [Signature] 9-20-10
(Signature) (Date)

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