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OVERNIGHT NON-ATHLETIC STUDENT TRAVEL APPROVAL FORM

Student travel must be approved based on the direct benefits for the students. The trip must have Assistant Superintendent of the trip. Out-of-state travel must have Cabinet approval.				
Name of Group: Construction Technology Campus: Technology				
Date of trip: G-18 Grade levels involved: 12 Number of students: 1 (Please attach an itinerary)				
District Campus Department Funding source: Budget Budget Activity fund Personal				
Instructional days out of the classroom: Students may not miss more than ten cays instruction in an academic year. The sponsors/coaches/directors have checked the accrued number of days for each participant? Yes No				
Trip function: Cocurricular X Extracurricular Competition				
Trip profile: In-state				
School bus School suburban Charter bus 4_ plane				
How does the trip relate to and benefit the Campus Improvement Plan, District I provement Plan and/or the TEKS? Skills (ISH corvelates with our mission statement of he ping students become it shows the building trades industry that our school provides excellent training to the TEKS of pectives. Does the trip require fund-raisers?YesNo Future workers excellent training En				
_ No 2 weeks prior to competition. Yes				
How many sponsors will accompany the students? What is the ratio of sponsors to students? Sponsors Students (gender appropriate)				
Student orientation - Date: 6-19-65 Time: 8:00 am Location: Kansas City Sponsor orientation - Date: 6-19-65 Time: 8:00 am Location: Kansas City Sponsor orientation - Date: 6-19-65 Time: 8:00 am Location: Lo				
DATE ISSUED: 05/18/99 LOCAL UPDATE 1 OF 2 FMG (EXHIBIT 21)				
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STUDENT ACTIVITII	ES:	FMG
		(EXHIBIT 21)
Will any kind of insuran Will room and baggage Will drug/alcohol-testing		
Medical and travel	releases will be required.	
Coach/Sponsor:	Som (Signature)	(Date)
Principal approval:	(District sanctioned competition)	4-7-05 (Date)
	(Overnight)	
Director approval:		
	(Signature)	(Date)
	(More than one night)	
Assistant Superintendent approval:		
	(Signature)	(Date)
	(Out-of-state)	
Cabinet approval:		
9	(Signature)	(Date)
DATE ISSUED: 05/18/99 LOCAL UPDATE FMG (EXHIBIT 21)	REVIEWED: 05/03/99	2 OF 2

	Ector County ISD 068901	
	COMPENSATION AND BENEFITS TRAVEL	DEE (EXHIBIT-3)
	EMPLOYEE TRAVEL APPROVAL FORM	
	Campus: Technical Education Center Current Assignment: Constru	tion Techni
	Employee travel may be approved based on the instructional benefits for the students and of-State travel must be submitted to the Assistant Superintendent over the campus. Superintendent will review the request and notify the principal of his/her decision. Apparanted before an employee registers or makes reservations for a conference.	the District. Out- The Assistant proval must be
	Date of trip/conference: 6-18-05 Location: Mansas City	Missouri
	Funding source: Budget (schooldepartment) Activity Fund Personal Outside Agency	
	Instructional days out of the classroom:(day/s this trip)(day/s this year) Substitute required? YesNo	
	How does this trip relate to the TEKS and/or benefit instruction? Please explain, including the educational objective: Student leadership skills	, g ³
	How does this trip relate to and benefit the Campus Improvement Plan? Please explain, including the educational objective: This USH goes hand in hand with our mission of helping students become productive members a	statement of societ
1 1 1 1 -	How does this trip relate to and benefit the District Improvement Plan? In additional Please explain, including the educational objective? Many of the Teks objectives, it shows the building hat our school provides excellent training for future of the provides excellent training for future. How will the information learned be shared within the District? Certifies applicant to train others in the District Report to departments/others on campus Report to the Board, Cabinet, or Institute of th	traces in
(Obes this trip relate to making a presentation representing the District? Yes Who Initiated the request? The organization or conference The District (Please attach the notification of acceptance) Does this trip relate to an award or recognition for the District? Yes	No TEA No
Į	DATE ISSUED: 5/18/99	1052

LOCAL UPDATE DEE (EXHIBIT-3) 1 OF 2

Ector County ISD 068901

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COMPENSATION AND TRAVEL	DENEFITS	DEE
Who initiated the recog (Please attach the ackn	inition? Local X State NationNation	(EXHIBIT-3) onal
Location justification:	In-District ESC 16Out-of-District	X Out-of-state
Employee Signature:	(Campus Budget Authority)	4-6-05 Date
CIT approval:		
(if required by Principal)	Signature	-
Principal approval:		Date
rincipal approval:	Signature Signature	<u> </u>
	(District Department Budget Authority)	
Director approval:		
(if outside the campus budget)	Signature	Date
Assistant Superintendent approval:	(Out-of-State) Mullium Signature	4-7-05 Date
Cabinet Approval: [] Approved [] Not Approved	
DATE ISSUED: 5/18/99 LOCAL UPDATE DEE (EXHIBIT-3)	REVIEWED: 5/03/99	2 OF 2

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