

STUDENT ACTIVITIES:
TRAVEL

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: Odessa High Cheerleaders Campus: Odessa high School

Date of trip: ²⁹December 2018 to January 2, 2019 Grade levels involved: 9th-12th Number of students: 12
Number of instructional days: 0 Location: Orlando, Florida
(Please attach an itinerary)

Funding source: ___ District Budget ___ Campus Budget ___ Department Budget ___ Activity fund Booster Personal

Instructional days out of the classroom: The sponsors/coaches/directors have checked the accrued number of days for each participant? x Yes ___ No

Trip function: xxx Cocurricular ___ Extracurricular xx Competition Non-athletic

Trip profile: ___ In-state xxx Out-of-state ___ Overseas ___ Tour ___ Field trip xx Invitational
___ Annual ___ Biennial ___ Post-district xx Competition associated with a tour or attraction

Transportation mode: ___ School bus ___ School suburban ___ Charter bus xx plane

How does the trip relate to and benefit the Campus Improvement Plan, District Improvement Plan and/or the TEKS?
Teks 1.A, 1.B, 1.C, 2.A, 2.C, 3.A, 3.B, 3.C, 3.D, 4.A, 5.A, 5.B

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

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

How many sponsors will accompany the students? 2-5
What is the ratio of sponsors to students? Sponsors 1 /Students 3 (gender appropriate)

Student orientation - Date: 8-21-18 Time: 6pm Location: ohs Fieldhouse

Parent orientation - Date: N/A Time: 6pm Location: ohs Fieldhouse

Sponsor orientation - Date: 8-16-18 Time: 6pm Location: ohs Fieldhouse

Sponsor criminal background check - Date: N/A all ECISD employees

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

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

Medical and travel releases will be required.
Coach/Sponsor: Shona Lewis (Signature) 8-22-2018 (Date)

Principal approval: (Signature) 8/23/2018 (Date)

Superintendent or designee Approval: (Signature) 8/29/18 (Date)

Board approval: (Signature) (Date)