

Denton Independent School District Request for Travel Out-of-Country Non State-Sanctioned Activities*

I. ORGANIZATIONAL DATA

Campus Ryan High School Date Submitted 4/4/2022 School Organization Spanish
Activity Sponsor Mary Durbin Name and Date of Event France to Spain EFTour July 21st-30th, 2022

II. DESCRIPTION OF PROPOSED TRAVEL

Destination(s)** DFW to Paris (3 days). Train to Barcelona & Madrid (5 days)
Description of Activities or Events (be specific) Visit art museums, historical palaces and churches. Discuss architecture, culture, practice language (Spanish & French).
Dates of Travel July 21st - 30th, 2022 Mode of Travel Flights, Trains & Tour Bus
Number of Student Participants 18 Number of Adult Sponsors 3 Chaperones 2 Staff 2
Educational Purposes and Value (be specific) Practice Spanish & French in authentic world experiencing local foods, culture, travel, interacting with locals, learning how to navigate various transportation, money exchange.
Will take a flamenco dance class and watch a professional performance in Madrid Spain.

** Attach copy of proposed itinerary and any supporting documentation

III. SOURCE OF FUNDING

Source	Amount
<input type="checkbox"/> District Title 1	_____
<input checked="" type="checkbox"/> Students (personal)	<u>\$4000 each</u>
<input type="checkbox"/> Organization	_____
<input type="checkbox"/> Fund Raising Activities***	_____
<input type="checkbox"/> Other:_____	_____

Total Cost of Activity	$25 \times \$4000 = 100,000$
Estimated Cost/Student	<u>\$4000.</u>

***Name and Description of Fund Raising Activities (if required)

IV. ORGANIZATIONAL REVIEW / APPROVAL

Principal	<u>Vernon Reeves</u>	<u>Vernon Reeves</u>	<small>Digitally signed by Vernon Reeves Date: 2022.04.20 11:59:22 -05'00'</small>	<u>04/20/2022</u>
School Operations	<u>Dr. Gwen Perkins</u>	<u>Dr. Gwen Perkins</u>	<small>Digitally signed by Dr. Gwendolyn M. Perkins Date: 2022.04.20 12:41:12 -05'00'</small>	<u>04/20/2022</u>
Superintendent	_____ NAME	_____ SIGNATURE	_____ DATE OF APPROVAL	_____ DATE OF APPROVAL
Board President	_____ NAME	_____ SIGNATURE	_____ DATE OF APPROVAL	_____ DATE OF APPROVAL

*Reference Policy FMG (L)

