

FIELD TRIP REQUEST OVERNIGHT

SPONSOR MUST COMPLETE THIS FORM AND TURN IN TO THE CAMPUS PRINCIPAL FOR APPROVAL 90 DAYSPRIOR TO THE FIELD TRIP DATE. Date of form completion: 10/16 Description of field trip: - Or cusions to the Pites Pea Formance fallenger Orihestra necto Time: ____ (departure) (return) -Please attach your Hotel Security Plan to this request-# of Students 150 + approx # of Special Ed ____ # of Chaperones D + approx Travel Arrangements: Bus ____ Estimated Cost: \$ 9.00-1000 # of days students will miss school: ___ NOTE: Maximum 55 students and staff per bus. Some Special Ed may require a separate bus. \$40/hour – Minimum two hours. Add 30 minutes for travel time between campus and bus barn Educational objectives to be met (list TEKS): When your trip is approved, please notify the following people at least 10 school days prior to the trip. Front Office Cafeteria Manager_____ P.E./Music Teacher _____ Nurse Signature of Sponsor \angle To be completed by Principal Approved: Signature of Principal or Designee: Signature of Superintendent:

NOTE: All Chaperones or parents attending the field trip must have a completed background-check on file with the district.