

STUDENT TRAVEL REQUEST

Staff Name(s): Kevin Jensen & Kathryn Broadus Today's Date 1-8-14
Building: Harlem High School Grade(s): 9,10,11,12 Subject(s): Band & Choir JMEA
Traveling to: Peoria, IL Travel Date(s): Jan. 22-25, 2014
Address: 300 W. Romeo B. Garret Ave., Peoria 61605 (Peoria Civic Center)
Number of Students: 2 Number of Adults/Chaperones: 2

PLEASE LIST ANY SPECIAL NEEDS (i.e. MEDICATION, WHEELCHAIRS, STROLLERS)

inhaler

BY: BC

IF THERE ARE MEDICATION NEEDS, DESCRIBE AND EXPLAIN HOW THOSE NEEDS WILL BE MET Student will carry inhaler with her

Nurse Initials S

TRANSPORTATION INFORMATION

_____ Harlem School Buses (# Needed) (Note: Directions/parking information must be provided to transportation office one week before trip date.)
☒ _____ Van (# Needed)
_____ Contracted Bus (# Needed) Is this an overnight trip? Yes ☒ No _____
_____ No Transportation Needed

Time of Departure From School 12:00

Date 1-22-14

Weds.

Time of Departure From Travel Site Sat. 9:00 PM

Date 1-25-14

Estimated Return Time to School Sat. midnight

1. Be sure to list all costs per student
2. How the trip will be funded
3. Describe plan for students with fee waivers.

1. Trip Cost Per Student

Admission \$ 20. per student
Meals \$ 50. per student
Lodging \$ 225. per student
Other \$ _____ per student
(Explain _____)

Total Cost \$ 295 Per Student

2. How the Trip will be Funded Per Student

Student/Parent \$ _____
PTA/PTO \$ 295
Grant Funding \$ Mus Boosters
Other \$ _____
(Explain _____)

Total Funding \$ 295 Per Student

3. Describe the plan to ensure funding source for students with fee waivers

MUSIC Boosters

The Educational, Extracurricular, or Incentive Student Travel Plan
MUST accompany this completed request.

Approve ☒ Disapprove _____

Teresa Jones 1-14-14
Building Principal/Supervisor Date
(signature signifies that appropriate guidelines have been followed)

Approve _____ Disapprove _____

Assistant Superintendent Date

Approve _____ Disapprove _____

Director of Transportation Date