Ector County ISD 068901

STUDENT ACTIVITIES: TRAVEL

FMG (EXHIBIT 21)

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 Odyssey of the Mind campus: New Tech Odes Sa
Date of trip: 5/23 - 5/27 Grade levels involved: 9 - 12 Number of students: 7 Number of instructional days: 4 Location: Des Woines Towa (Please attach an itinerary)
Funding source:District BudgetCampus BudgetDepartment BudgetActivity fundPersonal
Instructional days out of the classroom: The sponsors/coaches/directors have checked the accrued number of days for each participant?No
Trip function:CocurricularExtracurricularCompetition (Non-athletic)
Trip profile:In-stateOut -of-stateOverseasTourField tripInvitationalAnnualBiennialPost-districtCompetition associated with a tour or attraction
Transportation mode:School busSchool suburbanCharter busplane
How does the trip relate to and benefit the Campus Improvement Plan, District Improvement Plan and/or the TEKS? PBL Does the trip require fund-raisers? YesNo
Are deadlines established to guide the sponsors/directors if the trip has to be canceled due to lack of funding? YesNo
How many sponsors will accompany the students? 2 sponsors + 1 admin What is the ratio of sponsors to students? Sponsors 2 /Students + (gender appropriate)
Student orientation - Date: Parent orientation - Date: Sponsor orientation - Date: Will any kind of insurance be required? Will room and baggage searches be required? YesNo No
Medical and travel releases will be required 4/12/18
Coach/Sponsor: (Signature) (Date)
Principal approval: Field Trips/Excursions UIL Competition (Signature) (Pate)
(Signature) (Date) (District Sanctioned Competition)
Superintendent or designee Approval: (Signature) (Date)
(Out-of-state)
Board approval:
(Signature) (Date) DATE ISSUED: 04/21/04 REVIEWED: 9/2009 1 OF 1
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