STUDENT ACTIVITIES: TRAVEL

FMG (EXHIBIT 21)

## OVERNIGHT NON-ATHLETIC STUDENT TRAVEL APPROVAL FORM

Student travel must be approved based on the direct benefits for the students. The trip must have Assistant Superintendent approval 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 Cabinet approval.

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Name of Group: OHS Databe Campus: Odossa High
Date of trip: 6-12-18 Grade levels involved: 12 Number of students: 2 Number of instructional days: 0 Location: Kansas C4, MO (Please attach an itinerary)
District Campus Department Funding source: BudgetBudgetActivity fund Personal
Instructional days out of the classroom: Students may not miss more than ten days instruction in an academic year. The sponsors/coaches/directors have checked the accrued number of days for each participant?YesNo
Non-athletic
Trip function: Cocumicular Extracumicular Competition
Trip profile: In-state Out -of-state Overseas Tour Field trip invitational Annual Biennial Post-district Competition associated with a tour or attraction
Transportation mode: School bus School suburban Charter bus plane
How does the trip relate to and benefit the Campus Improvement Plan, District Improvement Plan and/or the TEKS?  These studies doing well at a national level will help in the overall material af studied to this campus.  Does the trip require fund-raisers? Yes No
Does the trip require fund-raisers? res re
Are deadlines established to guide the sponsors/directors if the trip has to be canceled due to lack of funding?
How many sponsors will accompany the students?
Student orientation - Date: 5-3 Time: 200 Location: 0HS  Parent orientation - Date: 5-3 Time: 200 Location: 0HS  Sponsor orientation - Date: Time: Location: 0HS  Sponsor orientation - Date: Time: 200 Location: 200 COMPS  Sponsor orientation - Date: 200

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Will any kind of insurance Will room and baggage se Will drug/alcohol-testing k	earches be required? Yes No	
Medical and travel re	eleases will be required.	
Coach/Sponsor:	(Signature)	<u>3-02-10</u> (Date)
	(District sanctioned competition)	
Principal approval:	From Flack	3-2-10
	(Signature)	(Date)
	(Overnight)	
Director approval:		
	(Signature)	(Date)
	(More than one night)	
Assistant Superintendent		
approval:	(Signature)	(Date)
	(Out-of-state)	
Cabinet approval:		
	(Signature)	(Date)

REVIEWED: 05/03/99