

IMPORTANT: This form must be properly filled out and APPROVED at least FOUR (4) WEEKS before ALL OVERNIGHT or OUT- OF-STATE TRIPS.

Complete the form and submit to your Admin Secretary III for site and Governing Board approval.

SCHOOL: _____ SUBMITTED BY: _____

WHO IS TRAVELING: _____

EVENT NAME*: _____

LOCATION: _____ *I Will Not Attend Sessions on CRT or SEL √
 *Students will not attend/participate in any water related activities. √

DATE(S): Departure: (Day/Date) _____ Return: (Day/Date) _____ # Of School Days Missed: _____

# of STUDENTS:	Total #	Male:	Female:	
# of ADULTS:	Total #	Male:	Female:	

Chaperones – Field Trip Procedures _____ Names(s) of teacher/sponsor (min. of 2 required) _____

STUDENT CONTRIBUTION: \$ _____ Student contribution not to exceed: \$600 (9-12); \$300 (K-8)

TOTAL COST: \$ _____ SUBSTITUTE REQUIRED: YES NO

Educational purpose and/or objective in connection with adopted curriculum and Arizona State Standards:

ALL ESTIMATED COSTS		Paid by: Tax Credit, Club, PSO, Student Activities, G & D, Student Contribution, CTE etc.	Travel will be by:
Registration:	\$ _____	(List funding sources by title)	<input type="checkbox"/> White Bus <input type="checkbox"/> School Bus
Lodging:	\$ _____		<input type="checkbox"/> Air <input type="checkbox"/> Charter Bus
Transportation:	\$ _____		<input type="checkbox"/> Other:
Meals:	\$ _____		Comment:
Other (Entertainment):	\$ _____		
Substitute Fee:	\$ _____		

APPROVALS

Principal: _____ Approved Denied **Date:** _____

Admin/Director: _____ Approved Denied **Date:** _____

Asst. Superintendent: _____ Approved Denied **Date:** _____

Board Agenda Date: _____

*Attach relevant documentation to facilitate the approval process including event brochure, hotel and meal plan, itinerary, etc.
 Revised 07/08/2024