

**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 Office 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   ✓

DATE(S):	Departure: (Day/Date)	Return: (Day/Date)	# of School Days Missed:
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# of STUDENTS:	Total #	Male:	Female:	
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# of ADULTS:	Total #	Male:	Female:	
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Chaperones – 9.27 Filed 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, parental permission itinerary, information regarding names of authorized chaperones.