

# Request for Student Overnight Travel

Campus: _____	Organization: _____
Trip Dates From: _____	To: _____ Sponsor: _____
Destination: _____	
Purpose: _____	
_____	
Transportation: Bus <input type="checkbox"/> Private Vehicle <input type="checkbox"/>	Number of Students: _____
Chaperones: _____	
_____	
Hotel Accommodations: _____	

Costs:	
Hotel: \$ _____	Paid By: Student <input type="checkbox"/> School <input type="checkbox"/>
Meals: \$ _____	Student <input type="checkbox"/> School <input type="checkbox"/>
Transportation \$ _____	Student <input type="checkbox"/> School <input type="checkbox"/>
Substitute: \$ _____	
Other: \$ _____	Student <input type="checkbox"/> School <input type="checkbox"/>
<b>Total Costs: \$ _____</b>	<b>Budgeted \$ _____ Other \$ _____</b>
Parent Permission Forms: Yes <input type="checkbox"/> No <input type="checkbox"/> Emergency Forms: Yes <input type="checkbox"/> No <input type="checkbox"/>	

\_\_\_\_\_  
Sponsor Date

\_\_\_\_\_  
Principal Date

Approved: ☐  
Disapproved: ☐

\_\_\_\_\_  
Superintendent Date

