Out-of District, Non-Budgeted Student Trip Request Packet

Procedure

1) Ask principal to provide explanation and rationale on attached page 3.
2) Fill out and return attached page 2 to the campus principal.
   a. If in state, submit at least 90 days prior to trip, or September 1.
   b. If in the continental United States, submit by September 1.
   c. If out of the country or continental United States, submit by May 1 of the prior school year.

ABILENE ISD

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Out-of-District, Non-budgeted Student Trip Request Form

(PLEASE PRINT)

Campus: _____ Organization: _____

Destination/Event: _____ Director/Sponsor: _____

Dates for this trip: _____

Purpose of trip: _____

Number of instructional days missed due to trip: _____

Does trip support TEKS for this organization? (If so, specify) _____

_____

What is the approximate number of students attending this trip? _____

What approximate percentage of students from your organization will be attending this trip? _____

How many school and parent chaperones will attend this trip? _____

Who will be the responsible school administrator on this trip? (if any) _____

Approximate per-student cost for the trip: $ _____ Approximate sponsor/chaperone cost: $ _____

Approximate total cost of this trip: $ _____

List possible fundraisers and expected earnings:

1. _____ $ _____

2. _____ $ _____

3. _____ $ _____

Will the school district incur any costs for this trip? _____

Please list the (a) destination, (b) per-student cost, (c) source of funds, and (d) dates of this organization's last three extra-curricular trips:

1. _____

2. _____

3. _____

	SIGNATURE	**DATE**
Teacher	_____	_____
Principal	_____	_____
Program Director	_____	_____
Associate Superintendent – Curriculum & Instruction	_____	_____
Superintendent (for Out-Of-State Trips)	_____	_____

REQUIRED FOR OUT-OF-COUNTRY TRIPS

Superintendent _____ _____

School Board Approval YES ☐ NO ☐ Date of Meeting _____

Principal Narrative & Rationale

Purpose of this trip:

Choice of time/location of the trip:

Recommendation:

Signature _____ Date: _____