

*Davis School District Extended travel policy requires approval of the school principal and area director **prior to** purchasing or booking travel and shall comply with all sections of policy 5S-203(4).*

School: _____ Group requesting trip: _____
 Date of request: _____ Instructor/Coach/Advisor: _____
 Destination: _____ Departure Date: _____ Return Date: _____
 Days out of school: _____ Number of participants: _____ Students to adult ratio: _____
 Last time group traveled and location: _____

Section 4.3.1: Groups within a school should be self-limiting in their requests for extended travel involving school time and travel should only be requested when educational purpose cannot be fulfilled in any other way.

Purpose for Trip: Describe the educational value of the trip below. Attach the trip itinerary and cost breakdown.

Parent Survey: Attach Results

Survey results were at or above the 80% approval rating: Yes No
 Insurance coverage: _____ Cost per student: _____
 Method of travel to and from destination: _____ Supervising Administrator: _____
 Name of additional adults accompanying students: _____

Sponsoring Instructor Signature: _____

Principal Signature Approval: _____ Date: _____

For District Use Only

Date Received:

Approved
 Rejected

School Director Signature:
 Reason(s) for rejection:

Survey results missing or too low Excessive student fee
 deficient educational value Other: