

**Out - of – State Trip Request Form  
Hillsboro City Schools**

1. Date of request \_\_\_\_\_ 2. Date (s) of the trip \_\_\_\_\_
3. Reason for the trip request \_\_\_\_\_
4. Individual/Group/Organization requesting the trip \_\_\_\_\_
5. Trip request location (City and State) \_\_\_\_\_  
\*\* Please attach any additional information\*\*
6. Number of individuals involved:  
Staff \_\_\_\_\_ Students \_\_\_\_\_ Others \_\_\_\_\_
7. Type of transportation requested \_\_\_\_\_
8. Student cost for the trip \$ \_\_\_\_\_
9. Is this an overnight trip? Yes No
10. If yes, where: \_\_\_\_\_
11. If students are involved, will parents be providing schedules and emergency numbers?  
Yes No

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendents Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Approved

\_\_\_\_\_  
Date