



# Request for Out-of-State Travel

Application Date

Office of Instruction  
Mat-Su Borough School District  
501 N. Gulkana  
Palmer, AK 99645  
P: (907) 746-9212 || F: (907) 746-9292

**Special Instructions:** This form must be submitted to the principal who shall certify compliance with district policy and procedure and then forward to district office for approval at least **30 days prior to travel**. Refer to BP 3541.1 and BP 6153 for travel guidelines. Only typed forms will be accepted. Submit forms via fax (907-746-9292) or e-mail ([Brenda.Hotchkiss@matsuk12.us](mailto:Brenda.Hotchkiss@matsuk12.us)). If you will be outside the state, you must verify all students participating have health insurance. These forms must be maintained in the school office for three years after the end of the fiscal year.

School / Location:

Organization / Individual Requesting Travel:

Activity:

Location of Activity:

Dates of Activity:  to

No. of Staff Involved:  *Provide at least 1 staff for every 10 students. An administrator or designee must travel with the group.*

Staff Sponsors:

Principal / Designee:

No. of Students:

Are employees transporting students in personal vehicles?  No  Yes

### Estimated Expenses:

Transportation

Lodging

Food

Misc. (Explain)

**Total Expenses**

**TOTAL EXPENSES MUST  
EQUAL TOTAL REVENUE  
AND BE GREATER THAN \$0.00**

### Revenue Sources:

District Funds:

School Activity Funds

Other Funds (Explain)

**Total Revenue**

The questions on page 2 must be completed and submitted with this form.

\_\_\_\_\_  
Principal's Signature Date

Approved  Denied

\_\_\_\_\_  
Executive Director of Instruction Signature Date

Approved  Denied

**REQUIRED: You must attach a travel itinerary (with dates, locations, and places of residence), mode of transportation and any other pertinent materials.**

1. Explain how travel is related to education or approved activity programs. Include opportunities that students will experience that are not available within the District/State. Please note: parents must give prior approval for *all planned activities* in which students are involved.

2. If travel occurs during school time, attach plans for students not traveling that indicate how quality education will be maintained.

3. Will traveling students attend school? Where? How long?

4. Describe safety and security plans. Include medical care and criteria for evaluation of political situations that may threaten students safety if applicable.

5. Describe contingency plans. Include provision for disciplinary sanctions that could involve sending a student home early.

6. Describe how fund raising will impact students, school, and community. Include cancellation policy and financial liability policy of advance purchased ticket; if applicable.

**List of Participating Students and Adult Chaperones**

Please provide the names of and contact information for all youth participants and adult chaperones. If necessary, please make copies of this page and attach separately to list all participants.

School / Location:   
Activity:   
Location of Activity:   
Dates of Activity:  to

**Participating Students**

Student Last Name	Student First Name	Parent/Guardian Last Name	Parent/Guardian First Name	Parent/Guardian Phone Number
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**Adult Chaperones**

Chaperone Last Name	Chaperone First Name	Alternative Contact Last Name	Alternative Contact First Name	Alternative Contact Phone Number
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