

**SCHOOL SPONSORED TRIP REQUEST**

[See FMG (LOCAL) for Travel Requirements]

**In-State Trips**

Form must be submitted  
**15 days** prior to trip.

**Out-of-State Trips**

Form must be submitted  
**30 days** prior to the trip.

**DO NOT USE GRAY AREA**

School Bus  Charter Bus  Air   
Overnight No  Yes  If yes, how many nights \_

Date of request:	
Campus Name:	
Requested by:	
Contact number:	<b>CAMPUS NUMBER</b>
	<b>CELL NUMBER</b>
Purpose of trip/Event(s) to be Attended:	
Educational Relevance:	
Number of Students:	
<b>Names</b> of Chaperones: If non teacher chaperones are attending, they MUST have background check approval prior to travel.	
Funding Source:	
Departure Date:	
Departure Time:	
Departure Location:	
Destination Name:	
Destination Address: (PHYSICAL)	
	<b>CITY &amp; STATE</b>
	<b>ZIP CODE</b>
Return Date:	
<b>Arrival</b> Time Back to Campus:	
Return Departure Pickup Location:	
Special Instructions:	
Total Round Trip Miles:	
Transportation needed at the event?	No <input type="checkbox"/> Yes <input type="checkbox"/>
SPED Bus Needed?	No <input type="checkbox"/> Yes <input type="checkbox"/> # of Students _____

**FOR OFFICE USE**

Account Code:	
Estimate/Bid cost:	
Trip Number:	

____ Approved ____ Denied _____ Principal /Date	____ Approved ____ Denied _____ Area Supt. Or Program Director / Date	____ Approved ____ Denied _____ Supt. or Asst. Supt. Of Admin/Date
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**After principal approval or denial, forward a copy to the Area Superintendent  
FINE ARTS MUST SEND TO SABRINA GARCIA FIRST FOR FA APPROVAL**