

APPROVAL IN CONCEPT

Complete this section for out-of-state, overnight trips of more than one night, and/or trips that involve fundraising. Pre-approval from the principal and superintendent's designee is required at least six months in advance when circumstances permit.

		I RIP INFORM	ATION	
Event: Schoo		School:		
Date Submitted	Teacher/Coach/			
to Principal: Advis		Advisor:		
Grade or Group:		Destination:	Destination:	
Trip Dates:		# of Students:	# of Chapero	nes:
Estimated Cost: If less t			than 10 students, two chaperones are required (ex. 2:10, 2:20, 3:30)	
Registration: \$		Fund Source (chec	k all that apply):	
Lodging: \$		□Bldg: \$	Fundraising (describe) \$	
☐Confirm every student has their own	sleeping space	□ASB: \$	•	
Transportation: \$		□PTA: \$	Family/Student	
		□	Contribution (describe) \$	
☐Confirmed with transportation depa	rtment	□CTE: \$	· · · · · · · · · · · · · · · · · · ·	-
Other: \$		□Grant: \$	Other (describe) \$	
TOTAL COST: \$			0 1101 (40001.25) +	
□ If the trip requires a contra Activities & Athletics at th □ Is this a new or annual trip What fundraising activities at	chaperones. Fact (ex. charter le District Officer? (Circle one)	Please attach. Thus, facility use or reset to start the contract New Annual (Last d		Admin Assistant of
Approved by: Principal	Date:			and notifies teacher of approval
Dir. of Athletics &	Date:		ce for all overnight, out-of-state CTE (required if CTE	and out-of-country travel Date:
Activities Exec. Director of DT&L	Date:	funding	or overnight, out-of-state and	
Superintendent	Date:		or overnight, out-of-state and	

^{**} Copies of fully approved form to teacher/coach/advisor, principal, risk management and ASB bookkeeper**