

**Cleveland Heights-University Heights City School District  
OVERNIGHT TRAVEL REQUEST FORM**

**Requirements:**

- To be submitted a **minimum of sixty days (60)** before departure.
- All information must be complete and accompanied by requested documentation.
- Signatures must be obtained.
- **Travel commitments may only be made with BOE approval of the request as presented. A confirmation of BOE approval will be returned to the originator. A supervisor's signature is NOT a confirmation of BOE approval.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ School \_\_\_\_\_

Travel Requested for (Grade Level/Specific Group) \_\_\_\_\_

Travel Location \_\_\_\_\_

Requested Travel Date(s) \_\_\_\_\_

Number of days out of school \_\_\_\_\_ Form of travel \_\_\_\_\_

Number of participating students \_\_\_\_\_ Number of chaperones \_\_\_\_\_

Purpose of trip \_\_\_\_\_

Describe how the trip's activities meet your curriculum and/or program goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If travel is requested for a performing group, please be specific about students' performance(s) and the guaranteed audience for the group(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Documentation that must be attached:**

1. Itinerary detailing specific dates and confirmed activities
2. Itemized budget including actual costs borne by students and description of any fundraising
3. List of chaperones and their connection to school and students (i.e., staff, current parents)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

BOE Signature: \_\_\_\_\_ Date: \_\_\_\_\_