



Request for Student Travel

Date submitted: _____ Estimated cost of trip: _____ Budget Code: _____

Travel classification: Local: _____ Over 100 Miles: _____ Out-of-state: _____ International _____

Specific Destination: (include city,state,zip code) _____

Purpose of the trip: _____

Specific Correlation to TEKS: _____

Name(s) of Sponsors and Organization: _____

Number of students: Male _____ Female _____ Wheel Chair Bound Students _____ Number of Adults: Male _____ Female _____

Departure Date: _____ Time: _____ Return Date: _____ Return Time: _____

Transportation: Bus _____ SUV _____

Signature of person requesting student travel: _____

FOR OFFICE USE ONLY:

Approved ___ Disapproved ___ _____ Campus Principal (all)

Approved ___ Disapproved ___ _____ Ath, CTE, Fine Arts, SPED, Adv.Academics,T&L

Approved ___ Disapproved ___ _____ Supervisor Student Services (over 100 miles)

Approved ___ Disapproved ___ _____ Superintendent (out-of-state/over 400 miles)

Approved ___ Disapproved ___ _____ Board of Trustees (International)

**ALL BLANKS ARE TO BE FILLED IN AND INFORMATION ATTACHED THAT PERTAINS TO THE TRIP BEFORE
SENDING TO ADMINISTRATION BUILDING FOR APPROVAL**