

San Benito Consolidated Independent School District
REQUEST FOR OVERNIGHT STUDENT TRIP

Campus: _____ Date of Request _____

Destination: _____

Name of Organization (Club, Team, Etc.) Traveling: _____

Purpose of Trip: _____ (Attach Brochure, etc.)

How will students benefit? _____

Number of Students: _____ Chaperones: _____ (Attach Typed List)

Names of Sponsors: _____

Mode of Travel: _____

Commercial (Air or Bus); Private; School Bus; Other (name method)

Total Cost: _____ Are funds for this particular activity already designated, approved and on hand? _____

Fees: _____

Travel: _____

Lodging: _____

Funding Source: _____

Meals: _____

Insurance: _____

Permission Slips: * _____

ESTIMATED		_____	_____	
		From San Benito (Date and Time)	At Destination (Date and Time)	
	Departure:	_____	Arrival:	_____
		To San Benito (Date and Time)	At San Benito (Date and Time)	

*(Sponsor) I hereby certify that the above is true and correct and in harmony with policies, rules, regulations, and administrative regulations of the San Benito Consolidated Independent School District.

SIGNATURES	Requesting Sponsor: _____
	Sponsor's Supervisor: _____ Date: _____
	Chief Academic Officer: _____ Date: _____
	Superintendent(Signature Indicates Approval): _____