

# Denton Independent School District Request for Out of State Student Travel

## I. ORGANIZATIONAL DATA

Campus \_\_\_\_\_ Date of Request \_\_\_\_\_

School Organization \_\_\_\_\_ Activity Sponsor \_\_\_\_\_

## II. DESCRIPTION OF PROPOSED TRAVEL

Destination(s)\*\* \_\_\_\_\_

Description of Activities or Events \_\_\_\_\_

\_\_\_\_\_

Dates of Travel \_\_\_\_\_ Mode of Travel \_\_\_\_\_

Number of Student Participants \_\_\_\_\_ Number of Adult Sponsors/Chaperones \_\_\_\_\_

Educational Purposes and Value \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\* Attach copy of proposed itinerary

## III. SOURCE OF FUNDING

Source	Amount
<input type="checkbox"/> District Title 1	_____
<input type="checkbox"/> Students (personal)	_____
<input type="checkbox"/> Organization	_____
<input type="checkbox"/> Fund Raising Activities***	_____
<input type="checkbox"/> Other: _____	_____

Total Cost of Activity

Estimated Cost/Student

\*\*\*Description of Fund Raising Activities (if required)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## IV. ORGANIZATIONAL REVIEW / APPROVAL

Principal	_____	_____	_____
	NAME	SIGNATURE	DATE OF APPROVAL
School Operations	_____	_____	_____
	NAME	SIGNATURE	DATE OF APPROVAL
Superintendent	_____	_____	_____
	NAME	SIGNATURE	DATE OF APPROVAL
Board President	_____	_____	_____
	NAME	SIGNATURE	DATE OF APPROVAL

**\*Reference Policy FMG (L)**