



District Travel Committee Approval:

Approved  Denied

**Exhibit - 1 - Travel Submission Proposal, Policy-500.24–Student Overnight Travel**

**Date of Proposal Submission:** \_\_\_\_\_ **School:** \_\_\_\_\_

(To be submitted to Director of High Schools - 45 days prior to planned Departure)

**Group/Team:** \_\_\_\_\_ **Advisor/Coach:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_ **Return Date:** \_\_\_\_\_

**Number of School Days Missed (if any):** \_\_\_\_\_ (under most circumstances, no more than two (2))

**Destination:** \_\_\_\_\_ **Is this a multi-school?** \_\_\_\_\_

**Number of Students:** \_\_\_\_\_ **Date of Anticipated Parent Meeting:** \_\_\_\_\_

Please give a brief description of the trip and purpose/outcomes and **attach a proposed itinerary:**

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

**Mode (s) of Transportation:** \_\_\_\_\_

**Estimated One-way Mileage:** \_\_\_\_\_

**Date of last trip:** \_\_\_\_\_ **Cost per student of last trip:** \_\_\_\_\_

**Financial Cost Estimation Per Student:**

Advisor/Coach Food	Substitute(s)	Bus/Plane	Lodging	Student Food	Registration Fee	Other	Insurance	TOTAL
							\$10.00	

**Potential Cost Offsets:**

Fundraising	Parent	Other	TOTAL

Describe "Other" expenses (if any):

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

**Advisor/Coach:** \_\_\_\_\_

**Principal name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Director of High Schools:** \_\_\_\_\_

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