Administrative Form 5306



Diago completo.

TRAVEL REQUEST FORM Day, Overnight, Out-of-State and International Travel

(District Sponsored)

- 1. Refer to Administrative Manual 5314, Student Travel Procedures Manual, for specific instructions related to student travel field and activity trips.
- 2. This form must be submitted for all school/District-sponsored day, extended day, overnight and international student travel, and includes travel for curricular, co-curricular and extracurricular activities.
 - a. For the purposes of this form, the Donner Lake area is considered in-state travel.
- 3. Trip approval for school/District sponsored travel must be requested from the Principal pursuant to the following guidelines. Please note: the timelines provided are considered guidelines to allow staff an adequate amount of time for the vetting and approval of volunteers/chaperones, transportation requests, etc. Timelines may be adjusted if all requirements have been met and necessary approvals have been granted. The timelines of individual District departments, such as Volunteer Services, Fingerprinting and Transportation, may not be adjusted without that department's advance approval.
 - a. For day and extended day trips, requests should be made at least eight (8) weeks in advance.
 - b. For overnight trips, requests should be made at least at least twelve (12) weeks prior to the trip. Overnight travel must be approved by the Area Superintendent in the Office of School Performance
 - c. For international travel, requests should be made at least six (6) months in advance. International travel must be approved by the Area Superintendent and the Deputy Superintendent.
- 4. This form shall be used to explain itinerary; special events; fund-raising activities; meal and housing provision; any benefits to adult supervisors beyond transportation, lodging, and food; and other pertinent information.

5. Flease complete.	
TRIP TITLE:	
Day Extended Day Overnight International	
Staff Member Leading Trip:	
School/Organization:	
# of Classes/Groups/Teams:	•
# of students participating:	
Destination (city/country):	
Departure Date and Time:	•
Return Date and Time:	
Number of Teachers/Staff/Coaches; Number of Parents/Guardians/Volunteers	•

TRIP TITLE:
Educational Objective(s):
Describe the educational objective(s) for this trip and how the trip relates to the curriculum.
Transportation Type
District Bus/Vehicle Commercial Transportation:
No District Transportation Provided Other:
ESTIMATED FINANCIAL PLAN
No funds that have been or are to be deposited with the District can be committee until all needed approval has been obtained.

EXPENSES TOTAL COST TO BE PAID FROM: TOTAL COST TOTAL COMMENTS # of participants x \$ per participant = Total Cost (e.g. $13 \times $5 = 65) Activities General Other Indiv. Fund Fund Students Student Transportation Student Lodging Student Meals Student Other -Registration, etc. Staff/Chaperon Transportation Staff/Chaperone Lodging Staff/Chaperon Meals Staff/Chaperone Other - Registration, etc. Substitutes \$ \$ TOTAL

TRIP TITLE:
DETAILED INFORMATION
Explain the itinerary; special events; fund-raising activities; meal and housing provisions; any benefits to adult supervisors beyond transportation lodging and food; and other pertinent information.
Itinerary: (What is the overall plan for this trip?) if necessary, attach detailed itinerary
Special Events/Activities (Examples: parades, concerts, camping, competition/tournament, etc.)
Fund-Raising Activities (Describe how/when/where fundraising for this trip will happen and how you will
ensure no student will be denied participation due to lack of funds.) Note: Use of a fundraising organization must be approved by the Purchasing Department.

TRIP TITLE:			
Meal and Lodging Provisions:			
Are you using an Educational Travel Provider or travel agent to plan this trip?			
Yes No. If yes, provide name of agency and contact information			
Other Pertinent Information, to include telephone numbers where all staff and other chaperones can be			
reached during this trip:			

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TRIP TITLE:		
REVIEW AND APPROVAL		
Staff Organizer	 Signature	 Date
-	n participating school must sign.)	
Principal	 Signature	 Date
Area Superintendent (for overnight travel)	Signature	Date
Deputy Superintendent (for international travel)	Signature	Date