

NINE MILE FALLS SCHOOL DISTRICT 325/179

STUDENT TRAVEL
OUT-OF-STATE // OVERNIGHT

High School • Middle School • Elementary School

School: \_\_\_\_\_

Grade Level or Activity Making Request: \_\_\_\_\_

Teacher or Activity Supervisor: \_\_\_\_\_

Destination: \_\_\_\_\_ Number of Students: \_\_\_\_\_

Departure Time and Date: \_\_\_\_\_ Return Time and Date: \_\_\_\_\_

Educational Purpose of Trip: \_\_\_\_\_

Method of Transportation: School Bus [ ] District Van [ ]

Charter Bus [ ] Airline [ ] Other \_\_\_\_\_

Finance:

Total Estimated Cost of the Trip: \$ \_\_\_\_\_ Please provide revenue breakdown:

ASB \$ \_\_\_\_\_ School Site Allocation \$ \_\_\_\_\_ Fund Raising \$ \_\_\_\_\_

Amount Paid by Student \$ \_\_\_\_\_ Donation \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Signature of Supervisor

ASB President

School Principal

Date Approved by School Board: \_\_\_\_\_