

Overnight SCHOOL TRIP PRINCIPAL REQUEST

**Must be approved by Mr. Moon*

Person Submitting Request

Dept Head Signature
(If Applicable)

Date of Request

Name of Group

Destination

Dates of Trip

Departure Date/Time

Return Date/Time

of students involved _____ # of substitute(s) required _____

Additional sponsor(s) attending: _____

PURPOSE OF TRIP: _____

LISD budget code used for trip _____

School Activity fund code used for trip _____

Are students being assessed for trip? _____ If so, how much each? _____

of school buses to be used _____, or what other means of transportation?

Program Director Signature

Principal's Signature

Approved

Disapproved

Date

Administration Signature

Approved

Disapproved

Date