- This form must be completed by persons planning school' sponsored activity.
- 2. Original must be retained in school.
- Completed form must be approved by Supt. before final plans are made.
- Reverse side must be completed by sponsor.

## BAY DISTRICT SCHOOLS EXTRACURRICULAR ACTIVITIES

## REQUEST FOR STUDENT OUT-OF-COUNTY OR OUT OF STATE TRAVEL

Date:		Grade(s)			
Cost Center Name/Number					
Name of Organization or Group	Planning Trip:				
TYPE OF TRAVEL:	School Bus  Commercial Bus  Private Vehicle  Rental Vehicle  *Van				
		*Make and Model of Van_			
Number of Students:	Number of Chaperones				
Driver(s) Name:	Parent/Guardian Staff Member				
STUDENTS ARE NOT ALLOW	ED TO DRIVE A P	PRIVATE VEHICLE ON A SCI	HOOL SPON	SORED TRIP.	
Briefly state reason for trip:					
Source of Financing Trip:					
Destination:					
City				State	
Miles:Check One:	(one wa	у)			
Hotel Motel Other Lodging	Addre	e of Hotel/Motel ess: bhone Number:			
Date of Departure:			A.M A.M	P.M _ P.M	
		Date:			
Sponsor's Signature					
Principal's Signature		Date:	<del></del>		
, ,		Deter			
Superintendent's Signatur	e	Date:			
Approved	Disapp	roved			

To be C	ompleted by Spons	sor						
1.	Have Permission Slips for School Sponsored Trip been filed for <u>each</u> student attending?							
2.	Have all school, S	School Board, and F	FHSAA policies an	d regulations t	peen explained to	all students and cha	perones	
3.		lent Emergency Info eed for medical em			n the <b>possessio</b> i	n of the sponsor of t	he trip in	
Name of	Chaperones:							

Note: Sponsor will be responsible for attaching list of names of each student attending.