1.	This form must be				
	completed by persons				
	planning school'				
	sponsored activity.				

- 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 TRAVEL

Date:		Grade(s)			
Cost Center Name/Number					
Name of Organization or Group	Planning Trip:				
TYPE OF TRAVEL:	Check One:	School Bus Commercial Bus Private Vehicle Rental Vehicle *Van			
		*Make and Model of Var	n		
Number of Students:		Number of Chaperones			
Driver's Name:		Parent/Guardian Staff Member			
STUDENTS ARE NOT ALLOW	ED TO DRIVE A PF	RIVATE VEHICLE ON A S	CHOOL SPONS	SORED TRIP.	
Briefly state reason for trip:					
Source of Financing Trip:					
Destination:City				State	
Miles:	(one way)			
Check One:					
Hotel Motel Other Lodging	Addres	e of Hotel/Moteless:			
Date of Departure:	Time:		A.M	P.M	
Date of Return:	Time_		A.M	P.M	
Sponsor's Signature		Date:			
oponsol s orginatare		Date:			
Principal's Signature		Dale			
Superintendent's Signatur	e	Date:			
Approved	Disapproved				
EMS.1095.028		(OVER			

Request For Student Out-of-County Travel

To be Completed by Sponsor

- 1. Have Permission Slips for School Sponsored Trip been filed for <u>each</u> student attending?
- 2. Have all school, School Board, and FHSAA policies and regulations been explained to all students and chaperones?
- 3. Are Authorization for Medical Treatment forms completed and in the **possession of the sponsor** of the trip?

Name of Chaperones: