



CCS 3320 REQUEST FOR APPROVAL OF OVERNIGHT and/or OUT-OF-STATE STUDENT TRAVEL Rev. 03/2023 (current)

All overnight and / or out-of-state travel requires DISTRICT LEVEL pre-approval.

School: _____ Requested by: _____

Event Name: _____ Organization / Group: _____

Dates of Travel: _____ Departure Time: _____ Return Time: _____

Destination (include city and state): _____

Trip Purpose (Relation to Curriculum or Athletics): _____

Number of Students Going: _____ Days out of School: _____

Number of Employees/ Chaperones Going: _____ (must meet minimum 1:10 ratio)

Lead Chaperone: _____ Cell: _____

Lodging Location: _____ Lodging Phone: _____

Funding Source (s): _____ Applicable Budget Code: _____

ESTIMATED COST – This is NOT a reimbursement form. Amount Paid Per Student Amount Paid Per Chaperone Amount Paid by Funding Source

Table with 4 columns: Description, Amount Paid Per Student, Amount Paid Per Chaperone, Amount Paid by Funding Source. Rows include Registration Fee, Airfare, Ground Transportation, Meals, Hotel/Motel, Substitute Teacher, Other expenses, and Total Estimates Cost.

Transportation: [] Activity Bus [] School Bus [] Approved Charter [] Other: _____

Charter Bus Company Name & Phone Number: _____

Medical Information: All Student participants must be given the overnight medical forms packet for review and completion by a parent/ guardian or have filled out an Athletic Emergency Contact Form.

Requestor Signature: _____ Date: _____

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[] I have read and am in compliance with Board of Education Policy 3320 and Administrative Guideline 3320AG as related to 1:10 Chaperone/Student Ratio, Approved Transportation, and No Student Denied for Financial Reasons.

Circle One: Approved Denied _____ Date: _____ Principal Signature

Principals: Check the appropriate level Assistant Superintendent or County Athletic Director and forward for approval.

[] Level Assistant Superintendent [] Athletics – County Athletic Director

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Circle One: Approved Denied _____ Date: _____ CCS Level Assistant Superintendent or County AD Signature (Required for all Overnight and/or Out-of-State Travel)

Circle One: Approved Denied _____ Date: _____ CCS Deputy Superintendent Signature (Required for all Overnight and/or Out-of-State Travel)

Circle One: Approved Denied _____ Date: _____ Superintendent Signature (Required for all Out-of-State Travel)