



Jordan School District Student Preliminary Overnight Travel Request-AA414

Date _____
(The Administrator of Schools must receive preliminary travel proposal at least 45 days prior to the proposed trip.)

Administrator of Schools _____

Principal _____

School _____

Advisor/Coach _____

Organization _____

Activity/Event _____

Destination _____

Dates of Travel Activity _____

Mode(s) of Transportation _____

Number of Students _____ Number of Chaperones _____

Estimated One-way Mileage _____

Estimated Site Ground Mileage _____

*Date(s) of school days that would be missed (*not to exceed 2*) _____ Exception Request Date _____

*If special circumstance applies, a principal signed request on school letterhead must be submitted. Exception Approved Date _____

UHSAA Sanctioned Yes No N/A

Summer Request

Anticipated Expenditures Per Participant:

Transportation (<i>incl. taxes & fuel charges</i>)	\$ _____
Lodging (<i>including taxes</i>)	\$ _____
Food	\$ _____
Registration Fee	\$ _____
Individual Travel Ins. (<i>\$7.00/person</i>)	\$ _____
Substitute Costs (<i>\$92/day per sub</i>)	\$ _____
Event Admission	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____

Amount Per Participant: \$ _____

Number of Students: _____

Number of Chaperones traveling at school/district expense: * _____

Total Paying Participants: _____

Entire Trip Costs / TOTAL Anticipated Expenditures: \$ _____

Number of Chaperones w/o costs or paying their own costs: _____

* If number of chaperones traveling at school/district expense is higher than the required ratio of 1 chaperone per 10 students, please give explanation below:

I acknowledge that all chaperones are required to have a **completed** background check through Jordan School District. This process could take up to four weeks to complete. ***Clearance will be verified with the Human Resources department prior to departure***

Advisor initials _____

Assistant Principal initials _____

Complete the second page of this application and include all necessary signatures and attachments.

Anticipated Revenues: (Revenues must be obtained prior to the trip)

Number of Paying Participants:	_____
Amount Per Participant:	\$ _____
Total Anticipated Expenditures:	\$ _____
Fundraising	\$ _____
Grants	\$ _____
Donations	\$ _____
Sponsors	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____

Entire Trip Revenues / Total Anticipated Revenues: \$ _____

Are all revenues received? Yes No

Total Number of Participants on the left must match top line.

Total Revenues must equal Total Expenditures.

Normal bid procedures apply. If total trip costs exceed \$9,999.00, the Purchasing Department must approve.

Student Preliminary Overnight Travel Proposal

1. Objectives of this trip (AA414: II.B.2.):

2. Provide valid and complete documentation of the expected educational outcomes of this trip (AA414: II.B.2.):

3. List specific and clearly defined reasons why the educational objectives cannot be met at another location close to home (AA414: II.B.6.):

4. Attach a proposed itinerary for this trip.

Advisor Signature Date

Principal Signature Date

Administrator of Schools Signature Date

Business Administrator Signature Date

This form should be completed prior to discussion or meetings with parents regarding the proposed trip.