

**FRANKFORT INDEPENDENT SCHOOL DISTRICT
OVERNIGHT TRIP AND/OR OUT OF STATE TRIP REQUEST**

Up-dated 10/22/03

Person making request: _____ Group making request: _____

Destination: _____

Date of Departure: _____ Date of Return: _____

Time of Departure: _____ Time of Return: _____

Mode of Transportation: _____

Purpose of trip / benefit to students: _____

Number of Students participating: _____ Number of Adults participating: _____

Sponsor(s) and/or Chaperone(s): (List all) _____

Overall cost of trip: _____ Cost per student: _____ Actual Student Cost: _____

What portion paid by sources other than student? (List sources) _____

Safety issues /concerns: _____

Comments: _____

Principal's Signature: _____ Date: _____

- Please attach the following:**
1. Itinerary
 2. A list of all students participating (must be provided by the day of departure).
 3. Bus request if transportation will be needed.

For Office Use:	
Date Received: _____	Date Approved: _____
Superintendent's Signature: _____	