

STUDENT EDUCATIONAL TRAVEL APPLICATION

Note: Approval—Student Educational Travel Application must be completed (MUST BE TYPED) and submitted for approval by the Superintendent of Nebo School District at least 15 days prior to travel departure. Any request for an exception must be explained on page 2.

Application Date:	Name of Team or Organization:											
Advisor/Coach: Principal			School:									
Note: The Purchasing Department must to	dividual trav	vidual travel category (i.e., lodging, transportation, registration) exceeds \$5,000.00).										
Please indicate the travel category or categories for which approval is requested: Athletic competition in excess of 150 miles one way (UHSAA 150-Mile Form must be attached to the application if applicable) Number of Chaperones: Out-of-State												
Event:			Inclusive Dates:		to		Nu		nber of S	School Day	ool Days missed:	
Number of Students: Boys Girls		Destinatio	n:		Mode(s) of Transportation:				
Date of Parent Meeting:	Receiv	ed 85% Pa	arental Approval:	Yes	No	Signe	I parent vote tally form is a			s attached	nttached: Yes No	
Have parents signed consent forms:	Ye	s No,	but they will prior	to travel			UHSAA E	vent:	Ye	es No		
If this is not a UHSAA Event, please e	xplain:											
ITINERARY Attach a detailed itinerary of all prophourly timeline, activity, purpose or other non-school days, must be of a	objectiv an educ	e, and locational na	cation of activity for	or each da	ay. Ar	n avera	ge of four	hours	s per da	y, includii	ng weekends and	
Travel Itinerary to and from basic des			\		Fitt.	4 N I I .		Ī	Data		T:	
Departure Place:		Commercial Carrier:			Flight Number:				Date:		Time:	
Arrival Place: Departure Place:		Commercial Carrier: Commercial Carrier:			Flight Number:				Date:		Time:	
Arrival Place:		mmercial C		Flight Number:				Date:		Time:		
Emergency Contact Phone Number	James.				Flight Number: Hotel/Motel Name:			Date.				
Emergency Contact i none number (Advisor Cen).												
Names and cell phone numbers of Ch	naperon	es:										
Total cost per student (includes all sour school, donations, fundraising, and student expenses PER STUDENT:		ontribution	is from				application a			s Signature	e Date	
Lodging				Principal's Signature						Date		
Transportation												
Registration		СТЕ	CTE Coordinator's Signature (If Applicable)									
Other		Sch	School Services Coordinator's Signature									
Total Cost per student (Cannot exceed \$1,700 per student)				[] App	roved	[] Not app	orove	d			
				Sur	erinter	ndent's	Signature				Date	

ca	ational Justification: What are the educational objectives of the trip?
г	Can these objectives be achieved with closer, less expensive travel? If no, please explain.
	lards for Participants: List the academic and behavioral standards that must be met by participating students.
	r:
	In what ways will you ensure the safety of students while traveling or participating in activities? (Describe special instructions to students, supervisic guidelines to chaperones, etc.)
ſ	
L	
	Where will students be staying at night?
L	
e o	eacher/advisor/coach/activity supervisor signing below certifies that he/she has read and agrees to comply with all stipulations contained in Nebo of District Policy IICA, Student Educational Travel. Initial here:
-	
E	est for Exception: If any part of your application does not conform to Policy IICA Student Educational Travel, please identify the exception
?>	xplain why you are requesting it below.
Γ	
ı	

ı