



MADERA UNIFIED SCHOOL DISTRICT
 1902 Howard Road • Madera, CA 93637
 (559) 675-4500 • www.madera.k12.ca.us

WebTrip # _____

Student Out-of-Town • Overnight • Out-of-State Travel Request

All out-of-town and overnight travel for school related events must be approved by the Madera Unified District governing board prior to travel.

YOU MUST ATTACH A TRIP ITINERARY OR THIS REQUEST WILL NOT BE PROCESSED

This form must be completed and submitted to the office of the Associate Superintendent of Educational Services prior to the cut-off date for submission of board agenda items for Cabinet review.
Incomplete request forms will be returned to the submitting party for completion.

School: _____ Class/team/organization: _____

Teacher/coach/director/advisor: _____

Activity/event: _____ Location of activity/event: _____

Address: _____

Departure date: _____ Time: _____ Return date: _____ Time back at site: _____

Method of transportation: _____ **Total cost of transportation:** _____
 (personal automobile; rental automobile; charter bus; school bus)

Transportation Special Instructions: _____

Lodging accommodations: _____ **Total cost of lodging:** _____

Total number of students traveling: _____ Males: _____ Females: _____

Number of chaperones: _____ Males: _____ Females: _____

All drivers and chaperones must have current fingerprint clearance on file with MUSD (AR 4122.2(a), AR 4222.2, BP 4122.2(a) and BP 4222.2) and must meet all requirements of MUSD regarding transportation of students (BP 3541.1).

<u>Names of Chaperones:</u>	<u>Affiliation: (teacher/parent, etc.)</u>	<u>Names of Chaperones:</u>	<u>Affiliation: (teacher/parent, etc.)</u>

Describe the event/activity. *Include how this event benefits students and how it supports the curriculum or extra-curricular activity. Justify why out-of-state travel is being requested, identify why an in-state activity could not provide the same level of benefit to students. Be complete and use an extra sheet of paper if necessary.*

BUDGET INFORMATION:

Transportation to be paid by: _____

Lodging to be paid by: _____

Substitutes to be paid by: _____ (number of substitutes needed _____)

Date received by
Associate Superintendent of
Educational Services

Processed for Board Meeting date:

APPROVAL:

Site Principal: _____ Date: _____

As site principal/administrator, I endorse this request and recommend this request be submitted to Cabinet and the Board for consideration. By my signature I acknowledge that I have verified all drivers and chaperones have current fingerprint clearance on file with MUSD (AR 4122.2(a), AR 4222.2, BP 4122.2(a) and BP 4222.2) and have satisfied all requirements of MUSD regarding transportation of students (BP 3541.1)

Distribution: Original – Assoc. Superintendent of Education 1 Copy – Principal’s Admin.. Asst. 1 Copy - Originator

Associate Superintendent of Education: _____ Date: _____