



Educational Services Department
Every Child. Every Day. Whatever It Takes!

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

NOTE: This form must be completed and submitted to the office of the Chief Academic Officers prior to the due date for submission of board agenda items. (Please refer to the Educational Services Board Agenda Items due date form. **Incomplete request forms will be returned to the submitting party for completion.**

School: _____ Class/team/organization: _____
 Teacher/coach/director/advisor: _____ Name of activity/event: _____
 Location of activity/event: _____ CITY _____ STATE _____ Departure date: _____
 OVERNIGHT? YES ___ NO ___ Return date: _____ OUT OF STATE? YES ___ NO ___

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

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

Total number of students traveling: _____ Males: _____ Females: _____
 Number of chaperones: **Certificated** _____ **Classified** _____ **Volunteers** _____ 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).

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

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 Funding Source: _____
 Lodging Funding Source: _____
 Substitutes Funding Source: _____ (number of substitutes needed _____)

Date received by the
 Chief Academic Officers or
 Associate Superintendent of
 Educational Services

APPROVAL:

Site Principal/Department Admin: _____ 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)

Pyramid CAO or
 Associate Superintendent of Educational Services _____ Date: _____