

Categorical Department

Student and Parent Involvement Travel /Field Trip Request

YOU MUST ATTACH A TRIP ITINERARY, EVENT FLYER/INFO., AND ATTENDEE LIST OR THIS REQUEST WILL NOT BE PROCESSED

NOTE: This form must be completed and submitted to the Categorical Department 2 weeks prior to the event date. If you are planning an Overnight or Out of State trip, you will need to contact the AAS Office and follow the District's Governing Board process for Board approval.

School: _____ Class/organization: _____

Teacher/director/advisor: _____ Name of activity/event: _____

Date of event: _____ Location of activity/event: _____ City _____ State _____

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).

Method of transportation: _____ (personal automobile; rental automobile; charter bus; school bus, District vehicle)

Number of students attending: _____ Number of chaperones: Certificated _____ Classified _____ Parents _____

List of Attendees

(You can also attach a list with names and identifying if they are staff, student, or parent. Please note for every 10 students attending 1 parent must participate.)

Names of attendees: _____ Affiliation: (teacher/student/parent, etc.)	Names of attendees: _____ Affiliation: (teacher/student/parent, etc.)

Describe the event/activity. Include how this event benefits students and parents attending and how it supports the goals and strategies of the School Plan for Student Achievement. (SPSA). Complete and use an extra sheet of paper if necessary.

Budget Information:

Event/Registration Costs \$ _____ Funding Source/Account Code: _____

Transportation Costs \$ _____ Funding Source/Account Code: _____

Site Principal/Department Admin: _____ Date: _____

Categorical Use Only Approved: _____ Denied: _____

Director of Categorical Programs: _____ Date: _____