INTENT TO CONDUCT STUDENT OVERNIGHT/EXTENDED TRIPS OR ACTIVITIES

Due in March for the next school year starting in July

School _____ Date _____

Principal _____ School year _____

Student group	No. of students	Sponsor	Destination	Mode of trans.	Approx. date(s)	Type of event	*Est total travel cost per student	**No. of sch. days absent	Fund raiser	Educational objective

** Destination could change.

* Include cost of travel, food, lodging, etc.

** Maximum allowable absences: Grades 5-6: 2 days Grades 7-12: 3 days - List missed instructional days only, not weekends or vacations. Any exceptions must be accompanied by a typed memo explaining details and rationale.

SIC chair _____ SCC chair _____ Principal _____ page ____of _____pages

Date _____ Date _____ Date _____ Approval date

Reviewed on 2/1/2010