STUDENT REQUEST FOR TRIP APPROVAL – POLICY FMG

Date of request: _____

Date/time of departure: _____ a.m. or p.m. *(circle one)*

Date/time of return: _____ a.m. or p.m. *(circle one)*

Destination of trip: _____

Benefit for the Students / District:

Cost associated with trip: _____

Budget Code: _____

Budget Code: _____

Budget Code: _____

Sponsor and organization: _____

Number of students: _____   Number of adults: _____

Signature of sponsor: _____

☐ Approved   ☐ Disapproved

Reason for denial: _____

_____

_____
Principal/Supervisor signature & Date

_____
Superintendent signature & Date