This form is to be used by the staff when requesting permission to take a field trip. The completed form is to be submitted to the Superintendent one (1) week in advance of the next scheduled meeting of the Board. Complete pertinent information on next page.

Destination Hilton/ Dallas-Ft. Worth Convention Center, Ft. Worth, 815 Main Street, Texas 76102				
Date(s) of Trip 6/14/2020-6/18/20	Time of Departure	<u> </u>	9:40am on 6/14/20	*Time of Return 7:40pm on 6
Approximate Mileage (one way)	NA NA	- 12		
Approximate Number of Students	25		_ Approximate Number	of Adults3
Number of Buses Required	NA NA	Method of Trans	portation (if not school bus)	Flying
Will you stop for lunch? YES	NO	If "YES", w	here1	
TEACHER IS RESPONSIBLE FOR NOTIFYING CAFETERIA OF DETAILED LUNCH PLAN				
Number of Instructional Days lost 0				at the state convention will comp
How will the experience be used and evaluated? Students will be competing for a National Beta title				
Names of chaperones (if applicable) Lisa Hornback, Vickie Shearer, Alex Shearer				
	we to the same of the same			
Have all chaperones undergone			been designated by the	ne principal/designee to si
18-WHEND	YES	NO		
TRIP INFORMATION				
Financial Costs			Method of Payment	
Mileage (estimate)		NA	Student Payment	\$300.00
Driver (estimate)	Flight \$7500.00		School Activity Acct	Beta
	\$ \$7,185.00		Athletic Boosters	<u>s</u>
The same of the sa	\$ \$2,750.00	<u></u> , 1	Band Boosters	<u>s</u>
	\$ \$625.00 \$18,060.00	 >		
TOTAL	218,000.00	-		
		W 1		
Requested by	Lisa Homback			Date <u>2/3/20</u>
Approved/Disapproved	Jennifer Burnham		, Principal	Date <u>2/4/20</u>
Approved/Disapproved			, Superintendent	Date
			A. Augustin	
Principal approv	val for all field trips.			
Superintendent	approval is required f	or all field trips ov	er 65 miles one (1) way.	
Superintendent	approval is required f	or all overnight fie	eld trips.	
(1)		9.3		

^{*}On school days, the return time should not exceed 2:00 p.m.