Donna ISD 108902 STUDENT ACTIVITIES: TRAVEL EXHIBIT A

EFD (EXHIBIT)

Donna Independent School District Travel Request Form Field Trip/School Sponsored Clubs/Organizations/UIL

Teacher(s)/Sponsor(s):	Campus:		Grade:	
No. of Students: Club/Organi	zation/UIL:			
Place(s)/City:				
Departure Date/Time/	_ Arrival Date/Time:	/ Dist. Bus Request: _	Voc. No. N/A	
Other Transportation:(Specific	anifu)	Cafeteria Lunch Request	No N/A	
If trip is approved, you will have to issucafeteria at least two weeks in advance in purpose:	ue permission slips before the if transportation or lunch is b	e trip, fill out bus request form, o eing requested.	and notify the	
TEKS:				
Objective(s):				
Alignment to District Curr. Guide:				
Evaluation:				
Will trip be funded with District funds: Y	Yes No(MU	UST FILL OUT FUNDING FO	ORM)	
Will this trip require a special fund raising	ng activity? Yes No	(If yes, fill out and attach "REQ APPROVAL OF FUND RAISI ACTIVITY" form)	UEST FOR NG	
LEVEL ONE APPROVAL FOR OUT OF CAMPUS TRIPS:				
Principal's/Designee's Signature Date	Approved Denied Curr. D	irector's Signature Date Approv	ed Denied	
LEVEL TWO FOR OUT OF DISTRICT/VALLEY/OVE	O APPROVAL (PLUS LEVE RNIGHT TRIPS:	L ONE NEEDED)		
Superintendent's or Designee's Signature	Date Approved De	nied		
FOR OUT OF STATE TRIPS:	PPROVAL (PLUS LEVEL Of Date Board Der	<u> </u>		

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EXHIBIT A

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Funding Form

List source(s) of funds: (Ex.: District Local Funds/Federal Programs Funds/ Activity Funds/Other Program Funds)		Amount	
TOTAL List uses of funds: (How will money be used? Be specific: [transportation/meals/registration fee/other])	Amount (per student)	Total	
TOTAL			