

## Idaho Falls School District #91 Request for Permission for Student Travel

**School:**

**Date of Request:**

**Sponsoring Organization:**

**Destination(s):**

**Educational Objective of the Trip:**

**Specific Activities:**

**Faculty Advisor(s):**

<b>Travel Information:</b>			
# of Miles One Way:		Mode(s) of Travel:	
# of Participating Female Students:		# of Female Chaperones:	
# of Participating Male Students:		# of Male Chaperones:	
Date of Departure:		Time of Departure:	
Date of Return:		Time of Return:	
# of School Days Students will Miss:		Additional Comments:	
# of Meals away from Home			
<b>Overnight Lodging Arrangements:</b>			
<b>Cost per Participant:</b>		<b>Source(s) of Revenue:</b>	
Travel \$			
Lodging \$			
Meals \$			
Other \$			
Total \$			

**Approvals:**

\_\_\_\_\_

Building Principal

\_\_\_\_\_

Date

\_\_\_\_\_

Superintendent Designee

\_\_\_\_\_

Date

Date of Board of Trustees Approval \_\_\_\_\_

Please attach a list of the names of students who will be participating.  
Please note: Parents/guardians must sign a consent form prior to departure.