

Chickasha Public Schools

Overnight Travel Form

Organization: _____ Date: _____

Sponsor: _____ Cell: _____

Travel Destination: _____

Dates of Travel Departure: _____ Time: _____

Return: _____ Time: _____

School days missed: _____

Purpose of Travel: _____

Method of Travel: _____

Number of students attending: _____

(Please attach a list of students by grade to this form when being submitted for review.)

Names of Additional Sponsors:

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

Note: Background checks must be completed and on file with site or district administration prior to departure.

Checklist:

- Room assignments have been made and approved by admin. ()
- Parent permission forms have been collected for each student. ()
- A plan is in place for all students to complete and submit work. ()
- Emergency contact information has been collected for all travelers. ()

Principal Signature: _____ Date: _____

Request Approved: _____ Denied: _____ (give reason)

Date submitted to Supt Office for review: _____

Activity:

Name of student	Grade	Parent Name	Contact #

All students will make arrangements with their teachers on any and all assignments missed
Parent permission slips have been collected by the head coach at the start of the season
Room assignments will be given to Activities Director to review