



Request for Out-of-Country Travel

Print Form

Application Date

Office of Instruction
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9212 || F: (907) 746-9292

Special Instructions: This form must be submitted to the principal who shall certify compliance with district policy and procedure and then forward to district office for approval at least **60 days prior to travel**. Refer to BP 3541.1 and BP 6153 for travel guidelines. **Only typed forms will be accepted.** Submit forms via fax (907-746-9292) or e-mail (Brenda.Hotchkiss@matsuk12.us). All foreign travel requests must receive approval of Risk Management and the Superintendent or designee prior to the encumbrance of advance ticket purchase. Student Accident & Sickness Short Term Insurance Coverage is required for all students. The form is available [here on the MSBSD website](#). These forms must be maintained in the school office for three years after the end of the fiscal year.

School / Location:

Organization / Individual Requesting Travel:

Activity:

Location of Activity:

Dates of Activity: to

No. of Staff Involved: *Provide at least 1 staff for every 6 students. An administrator or designee must travel with the group.*

Staff Sponsors:

Principal / Designee:

No. of Students: Are employees transporting students in personal vehicles? No Yes

Estimated Expenses:

Substitute

Transportation

Lodging

Food

Misc. (Explain)

Revenue Sources:

District Funds:

School Activity Funds

Other Funds (Explain)

Total Expenses

**TOTAL EXPENSES MUST
EQUAL TOTAL REVENUE
AND BE GREATER THAN \$0.00**

Total Revenue

Other Travel Abroad Criteria: (BP3541.c) Foreign Travel Program:

Name of Established Bonded Travel Company Providing Liability Insurance

Courier to Accompany Group: 3 Star or Better Hotel:

The questions on page 2 must be completed and submitted with this form.

Principal's Signature _____ Date _____

Approved Denied

Risk Management Signature _____ Date _____

Approved Denied

Associate Superintendent of Instruction Signature _____ Date _____

Approved Denied

REQUIRED: You must attach a travel itinerary (with dates, locations, and places of residence), mode of transportation and any other pertinent materials.

1. Explain how travel is related to education or approved activity programs. Include opportunities that students will experience that are not available within the District/State. Please note: parents must give prior approval for *all planned activities* in which students are involved.

2. If travel occurs during school time, attach plans for students not traveling that indicate how quality education will be maintained.

3. Will traveling students attend school? Where? How long?

4. Describe safety and security plans. Include medical care and criteria for evaluation of political situations that may threaten students safety if applicable.

5. Describe contingency plans. Include provision for disciplinary sanctions that could involve sending a student home early.

6. Describe how fund raising will impact students, school, and community. Include cancellation policy and financial liability policy of advance purchased ticket; if applicable.

List of Participating Students and Adult Chaperones

Please provide the names of and contact information for all youth participants and adult chaperones. If necessary, please make copies of this page and attach separately to list all participants.

School / Location:

Activity:

Location of Activity:

Dates of Activity: to

Participating Students

Student Last Name	Student First Name	Parent/Guardian Last Name	Parent/Guardian First Name	Parent/Guardian Phone Number

Adult Chaperones

Chaperone Last Name	Chaperone First Name	Alternative Contact Last Name	Alternative Contact First Name	Alternative Contact Phone Number