

Off Campus Trip Checklist

DATE OF TRIP: _____

Release students @ _____

Teacher:

Student Group:

Destination:

Teacher phone #:

Purpose of trip:

Bus Drivers:

Date submitted:

Other adults:

CHECKLIST

- () Bus request(s) completed two weeks prior.
- () Student names submitted to office.
- () Parent permission slips.
- () Student eligibility verified for all UIL events.
- () Number of student UIL absences verified.

List of participating students:

Explanation of how this trip addresses TEKS:

Approved ()

Disapproved ()

Principal's Signature

Date