



OUT-OF-DISTRICT STUDENT TRAVEL FORM

Name of Student: _____

Traveling to (Destination): _____

Traveling with: _____

On the following date: _____

Returning on the following date: _____

Responsible adult traveling with or at destination
if student is not traveling with Host Parent: _____

Address & Phone Number of above adult
if not Host Parent: _____

Relationship of above adult to student or Host Parents: _____

Address & Phone Number where you can be
reached in case of emergency while you are out of district: _____

To be completed by the host family if student is traveling without them:

I give my permission for _____ to travel out-of-district as described above. I have checked with the responsible adult at the intended destination and I am satisfied with the arrangements.

Signature of Host Parent

To be completed by program staff:

- I approve these travel arrangements
- I cannot approve these travel arrangements
- Host family and student have been contacted

Signature of District Principal or Administrative Assistant