

**Ashburnham-Westminster Regional School District  
Late Night/Overnight School Sponsored Student Travel Approval**

Trip Destination: \_\_\_\_\_ Date of Request: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Contact Cell Phone: \_\_\_\_\_

Number of Students: \_\_\_\_\_ School/Class/Club: \_\_\_\_\_

Connection to Curriculum/Class/Club: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Transportation: \_\_\_\_\_ Cost: \_\_\_\_\_

Lodging: \_\_\_\_\_ Cost: \_\_\_\_\_

Fees/Other: \_\_\_\_\_ Cost: \_\_\_\_\_

Total: \_\_\_\_\_

District Funded Source: No  Yes

If Yes list Source \_\_\_\_\_ Amount: \_\_\_\_\_

Other Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Fund Raising Activity: \_\_\_\_\_ Cost to Student: \_\_\_\_\_

see AWRSD Policy ***JJE Fund Raising - Schools, Classes & Proviatte Organizations***

Chaperones:

Faculty	Required Class Coverage	Substitutes
Others (name & connection -parent, friend, etc.)		

I certify the logistics of this trip are in compliance with the AWRSD Policy ***IJOA-2 Late Night and Overnight School Sponsored Travel***

Trip Coordinator: \_\_\_\_\_  
*printed name* *Signature*

**Principal/ Admin Approval:** \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

**School Committee Approval:** \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*