Form 437a Rev. 8/09 RS 01-1386 (Rev. of RS 02-1421)

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|  | **STATE OF HAWAI‘I**DEPARTMENT OF EDUCATIONP.O. BOX 2360HONOLULU, HAWAI‘I 96084[ ]  **Intra-State Travel** [ ]  **Out-of-State Travel** | **REQUEST/APPROVAL FOR INTRA-STATE OR OUT-OF-STATE STUDENT TRAVEL**Destination Kihei |
| School or Branch | Dist. or Div. | Trip No. |
| H.P. Baldwin High School | Maui | 2 |
| No. & Name of Student Traveler(s) (Attach list if necessary) | Name/Title of School Chaperones (Attach list if necessary) |
| 20+ (see attached list) | Roxana Hollifield & Amy Ancheta, SADD Club AdvisorsDiane Omura, FTA & PEP AdvisorOfficer Alconel, Baldwin SRO |
|  | Name of Adult Non-school Chaperones (Attach list if necessary) |
|  | n/a |
| **PURPOSE OF TRAVEL:** (Attach program agenda) |
| Annual DUI Roadblock Activity.  |
| **TRAVEL ITINERARY** (Specify, dates, times, and destination |
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| **Date** | **Departure Time** | **Date** | **Arrival Time** | **Destination (City, State)** |
| December 13, 2014 | 5:00 p.m. | December 13, 2014 | 6:00p.m. | Kihei DUI Road block |
| December 13, 2014 | 9:00 p.m. | September 28, 2013 | 10:00 p.m. | Baldwin High School |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

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| **DURATION OF TRAVEL:** | **No. of Days** | **Dates** |
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|  |  |  | From | To |
| School Days  | 0 |  |       |       |
| Non-school Days  | 0 |  |       |       |
|  Total Travel Days  | 0 |  |       |       |

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| **COST OF TRIP:** |
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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Per Student | x No. | = Total | Per Adult | x No. | = Total | Group Totals |
| Plane Fare  |       |       |       |       |       |       |       |
| Ground Transportation  |       |       |       |       |       |       |       |
| Per Diem (meals/lodging)  |       |       |       |       |       |       |       |
| Conferences or Registration Fee  |       |       |       |       |       |       |       |
| Other (Specify):  |       |       |       |       |       |       |       |
|  Total  | n/a |       |       |       |       |       |       |

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| **SOURCE OF FUNDS:** | Amount |  |
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|  | **Program ID/Program Title (Title of Fund)** | **Org ID** | **Student** | **Adult** | **Total** |
| **Type of Fund** |       |       |       |       |       |
| **General Fund** |       |       |       |       |       |
| **Federal Fund** |       |       |       |       |       |
| **Special Fund** |       |       |       |       |       |
| **Trust Fund** |       |       |       |       |       |
| **Other** (Specify) | n/a |       |       |       |       |
| (e.g. fundraising/ donations/ personal/ local school account) |  |       |       |       |       |
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|  | Total $       +       =       |
| **COMPENSATION:** (For signature of chaperones who are DOE Employees) |
|  I certify that no additional compensation will be requested because of my participation in this activity.

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| Name |  | Date |  | Name |  | Date |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name |  | Date |  | Name |  | Date |
|  |  |  |  |  |  |  |
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| Name |  | Date |  | Name |  | Date |
|  |  |  |  |  |  |  |
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| Name |  | Date |  | Name |  | Date |

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| **SUBSTITUTES:** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | Dates |
| 0 |  | 0 |  |  |  |  |
| No. of Substitutes |  | No. of Days Per Substitute |  | From |  | To |
| Substitute charges are made to:  | n/a |  | n/a |
|  | Leave Code # |  | Program ID |

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| **SAFETY AND OTHER CONSIDERATIONS** |
| [x]  Describe safety procedures and guidelines to be followed during field trips to natural and water environments, if applicable. If more space is needed, attach separate sheet.     A cell phone will be available at all times.[ ]  Safety procedures and guidelines will be shared with students and chaperones.[ ]  The guidelines/procedures for field trips/student travel have been reviewed and will be shared with students and chaperones.[ ]  Appropriate ground and air transportation guidelines have been reviewed and will be shared with students and chaperones.[ ]  Approval from receiving school is on file, if applicable. |
| **AUTHORIZATION FOR TRIP: (Intra-state Only)** |
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| [ ]  APPROVED [ ]  DISAPPROVED |  |  |  |
|  | Principal |  | Date |

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| **COMPLETE THIS PORTION FOR OUT-OF-STATE TRAVEL ONLY.****SUBMIT ORIGINAL TO THE DISTRICT OFFICE FOR APPROVAL.****REQUEST FOR TRIP APPROVAL:**I request approval of this out-of-state student travel.

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|  | Principal |  | Date |

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| **AUTHORIZATION FOR TRIP: (Out-of-State Only)** |
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| [ ]  APPROVED [ ]  DISAPPROVED |  |  |  |
|  | District or Assistant Superintendent |  | Date |

Distribution for Out-of-State Trips: **Original** – School, to be submitted to Vouchering for payment if applicable **Copy** – District Office |