

Sacramento City Unified School District  
**OUT-OF-STATE OR OUT-OF-COUNTRY  
TRAVEL REQUEST**

School Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Teacher's Name \_\_\_\_\_ Room # \_\_\_\_\_ Telephone # \_\_\_\_\_

Field Trip Destination \_\_\_\_\_

Reason for travel \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List unusual activities, water activities or high risk activities (examples: rafting, snorkeling, rock climbing, skiing, etc.) as a special parent waiver may be required. Submit copy of contract or waiver to Risk Management for review before signing. Attach a detailed itinerary for each day

Signed \_\_\_\_\_  
Teacher

**Approvals:**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Principal Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Risk Management Dept. Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Segment Administrator Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Superintendent Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Board Approval Date