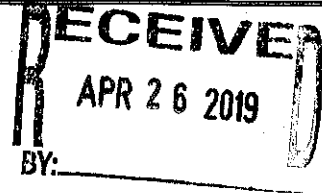


AUGUSTA SCHOOL DEPARTMENT

Out-of-State, Overnight, Out-of-Country Student Activity Travel Request

This form must be completed and submitted to the superintendent's office at least one week prior to the regularly scheduled board meeting (second Wednesday of each month).

CONTACT INFORMATION



DATE OF REQUEST: 4/25/19 SCHOOL: Cony H.S.

REQUEST BY (name of student group): GAPP

CONTACT PERSON: Deborah Bademan CONTACT PHONE: _____

NUMBER OF STUDENTS: 16

CHAPERONES: Karen Davis Deb Bademan

Will Backman

NAME OF EVENT: GAPP Exchange

EDUCATIONAL REASON FOR TRIP: Cultural exchange experience

TRIP INFORMATION

Overnight

Out-of-State

Out-of-Country

DATE(S) OF TRAVEL: 6/21/19 - 7/8/19

LOCATION (City & State/Country): Munich, Berlin Germany

MEANS OF TRANSPORTATION: Plane ESTIMATED COSTS: \$2200

ACCOMMODATIONS: Host family/hotel

IF SCHOOL TRANSPORTATION IS NEEDED, INDICATE NUMBER OF MILES: n/a

FUNDING

Indicate here if group will be paying own way through fund raisers, self-pay, etc.:

Self pay, GAPP provides partial scholarships for 3 students

Operating budget account # _____ Amount: _____

Student activity account # _____ Amount: _____

Donated by: _____ Amount: _____

Approved

By: [Signature]
Administrator-in-Charge

Date: 4/25/19

By: [Signature]
James N. Anastasio, Superintendent of Schools

Date: 4/26/19