



# Oakland-Craig Public Schools

Junior-Senior High & Business Office    Elementary School  
309 N. Davis Avenue                      400 N. Brewster Ave.  
Oakland, NE 68045-0105                  www.ocknights.org                  Oakland, NE 68045  
Phone: 402-685-5661    Fax: 402-685-5697                  Phone: 402-685-5631

*"Home of the Oakland-Craig Knights"*

## Out of State Travel Request

### Procedures:

1. Complete the below form and submit to your building principal at minimum 8 weeks prior to travel dates. This form should be completed as soon as the trip is planned and prior to placing any deposits or payment for the trip. Requests made within 8 weeks of the travel dates will not be approved.
2. The building principal will then determine if he/she approves the request, sign if approved, and submit to the superintendent no later than 6 weeks prior to the dates of travel.
3. The superintendent will determine if he/she approves the request. If so, he/she will sign the form and place it on the board agenda for approval at the next board meeting. If approved, the board president will sign the form and the superintendent will notify the activity sponsor of the approved travel.

Staff Requesting Out of State Travel:     Kylie Penke    

Destination:     Indianapolis, Indiana    

Date of Departure:     10/21/26          Time of Departure:     12:30 AM    

Date of Return:     10/24/26          Time of Return:     10:00 PM    

Travel Method (Air, Bus, Train, etc.)     School Van to Gretna, Charter Buss    

Will a school vehicle be needed for any portion of the trip? If so, please explain the use.: To Gretna to join the charter busses. Could be a bus or van (whatever works best for other transportation needs during these days).

Organization Traveling:     FFA    

Number of Students Traveling:     10          Number of Sponsors:     1    

How will this trip be funded? (i.e. fundraisers, student fees, etc.):     ½ funded by FFA chapter, ½ funded by students    

Anticipated Cost Per Student:     \$800          Anticipated Total Cost:     8800

**Please List Names and Grades of Students Traveling Below** (If additional space is needed please submit a spreadsheet with the information below. If there are any changes, please submit them to the building and district administrator one week prior to departure. In addition, emergency contacts and medical information must be available for each student attending the trip.)

**Student Name:** TBD NEXT FALL **Grade Level** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**Please List Names of Sponsors and Phone Numbers** (Please list the primary sponsor first as we will contact them in the event of an emergency. If he/she is not available we will move down the list. :)

**Sponsor Name:** KYLIE PENKE **Sponsor Phone:** 402-260-0334

**Sponsor Name:** \_\_\_\_\_ **Sponsor Phone:** \_\_\_\_\_

**Sponsor Name:** \_\_\_\_\_ **Sponsor Phone:** \_\_\_\_\_

**Sponsor Name:** \_\_\_\_\_ **Sponsor Phone:** \_\_\_\_\_

Michelle A. Burt  
Building Principal Signature of Approval

3/17/26  
Date

\_\_\_\_\_  
Superintendent Signature of Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board of Education President Signature of Approval

\_\_\_\_\_  
Date

**\*ALL STUDENTS MUST HAVE A SIGNED WAIVER BEFORE LEAVING FOR ANY APPROVED OUT OF STATE TRAVEL (Waiver)**