



Jefferson Christian Academy

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Event/Trip Itinerary Form

To be presented to the principal of JCA two (2) weeks before event or trip.

Position: _____

Staff Signature: _____

Date: _____

Date of Departure: _____

Time of Departure: _____

Date of Return: _____

Time of Return: _____

Driver 1: _____

Driver 2: _____

Transportation Type: School Bus School Van Staff Vehicle Borrowed Vehicle

If one of the vehicles used for the trip is a borrowed vehicle please provide details:

Number of Students attending: _____ Boys Dorm: _____ Girls Dorm: _____ Village: _____

Please list all students attending:

Please list all staff attending:

Purpose of Journey:

Estimated Cost: _____

Department Covering Cost: _____

Check List:

Business Office

Transportation

Work

Cafeteria

Facilities Request

Parent Communication Attached

Approved by: _____

Date: _____