



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 staff attending: _____

Purpose of Journey: _____

Estimated Cost: _____

Department Covering Cost: _____

Check List:

☐ Business Office

☐ Transportation

☐ Cafeteria

☐ Facilities Request

Approved by: _____ Date: ____/____/____