

**HAWAII CONFERENCE OF SEVENTH-DAY ADVENTISTS  
OFFICE OF EDUCATION**

**HAWAII TRIP CLEARANCE FORM**

Name of School \_\_\_\_\_ Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Dates In Hawaii \_\_\_\_\_

Purpose Of Trip \_\_\_\_\_

Number Of Students \_\_\_\_\_ Number Of Sponsors \_\_\_\_\_

Lodging Arrangements In Hawaii \_\_\_\_\_

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

**\* Please Note The Following: "A tour to Hawaii is one that has as its basic purpose a mission outreach and/or educational function and in which the group is completely self-sustaining while in Hawaii. The Hawaii Conference, Castle Medical Center, the schools, and the Seventh-day Adventist churches including members are not to be contacted for the purpose of courtesies." (PUC Education Code, Section 1612A)**

**All arrangements to perform or use any facilities of schools or churches must be cleared by the superintendent in advance. Please do not contact any church or school directly.**

**\* Please FAX this form to the Hawaii Conference (808-595-2345) along with your itinerary while in Hawaii. Thank you.**

\_\_\_\_\_

**Hawaii Conference of Seventh-day Adventists**

**Office of Education**

\_\_\_\_\_ Your trip request has been approved.

\_\_\_\_\_ Your trip request has been denied. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Hawaii Conference Superintendent of Schools**

\_\_\_\_\_ **Date**