

DALLAS INDEPENDENT SCHOOL DISTICT

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	OFFICE USE ONLY
	Complete FTP Received Date:
	·
	Incomplete FTP Returned Date

CAMPUS FIELD	TRIP PROPOSAL ((FTP)
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☐ Pre-Approved Destination		nation							Incomple	te FIP Ret	urned Date	
UIL	□NON TRICT I		□IN-COL (15 Day N		OF-COUN	TY OR OUT- ITY OVER- GHT Notice)	□OUT-0 COUNT (15 Day No	ſΥ	OUT-OF STATE (30 Day Notice		TE COUNTRY	
CAMPUS:								DIVISIO	N:			
(Please fo	ollow Polic	y FMG (Lo	cal) & FMG (Regulation		s to school-spor		cursions, t	ours,	and Distric	t's field trip	guidelines.)
	DESTINATION INFORMATION Has the campus participated in a previous field trip to Description.											
Destination:				this des	stination within the	hin the past school year?			Departure: (Date/Time)			
Physical Ad	ldress:				ZIP:		IP:		Return: (Date/Time)			
	L				GR	OUP TRAVELING	3		1,5	,	l	
Student Grou	up (i.e. Stud	dent Council	, Choir, etc.):									
Number of Students: (Count must Coincide Student List) Grad			Grade(e(s): Number of Faculty:				Number of Non-Staff:				
					LEARI	NING EXPECTAT	ION					
Instructional Purpose:												
					7	RIP SPONSOR						
First & Last Name: Cell Phone:												
						SHT ACCOMODA	TIONS			1		
							Pho	one Numbe	r:			
Activity F	und [Arts Part	nore	Grai		INDING SOURCE		eral Operati	na	Other	p.	
·		Aits Fait		Campu	s Action Plan #:			·	iig		•	
TRIP T	OTAL	Type & Dates:		RAISERS	S SCHOOL PAYME Amounts & Dates:						STUDENT PAYMENT PLAN	
Φ		Type & I	Dales.						AIII	Amounts & Dates:		
	1		- 0	-1- T.:-#		ANSPORTATION Airplane						
☐ Charter B	ous		s County Scho			L HAZARDS EM	Walking ERGENCY PLA	│ □Oth N	ier:			
1. Plan with					2. Call 911.			3. Conf				
Render first aid for minor emergencies. Name of Nearest					Dhysical					written notice upon return.		
Medical Facility:				Address:			Ph	Phone#:				
REQUIRED SIGNATURES												
Confirmed accuracy and completion of trip information & documents in adherence to Policy FMG (LOCAL) and FMG (REGULATION) Trip Sponsor: Date:												
Reviewed F	TP Packet	Trip Coordinator:						Date:				
Approved		Principa	Principal:							Date:		
Approved Executive Director:							Date:					
Approved	SIGNATU				T, OUT-OF-COU	INTY, OUT-OF-S	TATE AND OUT	-OF COUN	TRY F	IELD TRIP		LS
Approved		Assistant Superintendent: (For In-County Overnight & Out-of-County) Date:					Date:					
Approved		Chief of School Leadership: (For Out-of-State and Out-of-Country Only)								Date:		

(Insurance has already been purchased by Risk Management; campuses no longer purchase insurance for field trip.)

September 2013 FORM F4-B