



# DALLAS INDEPENDENT SCHOOL DISTRICT

## CAMPUS FIELD TRIP PROPOSAL (FTP)

OFFICE USE ONLY

Complete FTP Received Date: \_\_\_\_\_

Incomplete FTP Returned Date \_\_\_\_\_

Pre-Approved Destination

UIL

NON-DIS-TRICT EVENT

IN-COUNTY (15 Day Notice)

IN-COUNTY OR OUT-OF-COUNTY OVER-NIGHT (15 Day Notice)

OUT-OF-COUNTY (15 Day Notice)

OUT-OF-STATE (30 Day Notice)

OUT-OF-COUNTRY (45 Day Notice)

CAMPUS:

DIVISION:

*(Please follow Policy FMG (Local) & FMG (Regulation) that pertains to school-sponsored trips, excursions, tours, and District's field trip guidelines.)*

### DESTINATION INFORMATION

Destination:

Has the campus participated in a previous field trip to this destination within the past school year?  
 Yes  No

Departure:  
(Date/Time)

Physical Address:

ZIP:

Return:  
(Date/Time)

### GROUP TRAVELING

Student Group (i.e. Student Council, Choir, etc.):

Number of Students:  
(Count must Coincide Student List)

Grade(s):

Number of Faculty:

Number of Non-Staff:

### LEARNING EXPECTATION

Instructional Purpose:

### TRIP SPONSOR

First & Last Name:

Cell Phone:

### OVERNIGHT ACCOMODATIONS

Hotel Name:

Physical Address:

ZIP:

Phone Number:

### FUNDING SOURCE

Activity Fund

Arts Partners

Grant

General Operating

Other:

Campus Action Plan #:

### TRIP TOTAL

### FUNDRAISERS

### SCHOOL PAYMENT PLAN

### STUDENT PAYMENT PLAN

\$

Type & Dates:

Amounts & Dates:

Amounts & Dates:

### TRANSPORTATION

Charter Bus

Dallas County Schools Trip#:

Airplane

Walking

Other:

### UNIQUE POTENTIAL HAZARDS EMERGENCY PLAN

1. Plan with school nurse.

2. Call 911.

3. Contact school.

4. Render first aid for minor emergencies.

5. Notify parent/guardian.

6. Provide written notice upon return.

Name of Nearest Medical Facility:

Physical Address:

Phone#:

### REQUIRED SIGNATURES

**Confirmed** accuracy and completion of trip information & documents in adherence to Policy FMG (LOCAL) and FMG (REGULATION)

Trip Sponsor:

Date:

**Reviewed FTP Packet**

Trip Coordinator:

Date:

**Approved**

Principal:

Date:

**Approved**

Executive Director:

Date:

### SIGNATURES FOR IN-COUNTY OVERNIGHT, OUT-OF-COUNTY, OUT-OF-STATE AND OUT-OF COUNTRY FIELD TRIP PROPOSALS

**Approved**

Assistant Superintendent:  
(For In-County Overnight & Out-of-County)

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.)*

