



DALLAS INDEPENDENT SCHOOL DISTRICT

CAMPUS FIELD TRIP PROPOSAL (FTP)

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

<input type="checkbox"/> Pre-Approved Destination						
<input type="checkbox"/> UIL	<input type="checkbox"/> NON-DIS-TRICT EVENT	<input type="checkbox"/> IN-COUNTY (15 Day Notice)	<input type="checkbox"/> IN-COUNTY OR OUT-OF-COUNTY OVER-NIGHT (15 Day Notice)	<input type="checkbox"/> OUT-OF-COUNTY (15 Day Notice)	<input type="checkbox"/> OUT-OF-STATE (30 Day Notice)	<input type="checkbox"/> OUT-OF-COUNTRY (45 Day Notice)
CAMPUS:				DIVISION:		
<i>(Please follow Policy FMG (Local) & FMG (Regulation) that pertains to school-sponsored trips, excursions, tours, and District's field trip guidelines.)</i>						
DESTINATION INFORMATION						
Destination:	Has the campus participated in a previous field trip to this destination within the past school year? <input type="checkbox"/> Yes <input type="checkbox"/> No			Departure: <i>(Date/Time)</i>		
Physical Address:	ZIP:		Return: <i>(Date/Time)</i>			
GROUP TRAVELING						
Student Group <i>(i.e. Student Council, Choir, etc.):</i>						
Number of Students: <i>(Count must Coincide Student List)</i>		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						
<input type="checkbox"/> Activity Fund <input type="checkbox"/> Arts Partners <input type="checkbox"/> Grant <input type="checkbox"/> General Operating <input type="checkbox"/> Other:						
Campus Action Plan #:						
TRIP TOTAL		FUNDRAISERS		SCHOOL PAYMENT PLAN		STUDENT PAYMENT PLAN
\$		Type & Dates:		Amounts & Dates:		Amounts & Dates:
TRANSPORTATION						
<input type="checkbox"/> Charter Bus <input type="checkbox"/> Dallas County Schools Trip#: <input type="checkbox"/> Airplane <input type="checkbox"/> Walking <input type="checkbox"/> 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: <i>(For In-County Overnight & Out-of-County)</i>					Date:
Approved	Chief of School Leadership: <i>(For Out-of-State and Out-of-Country Only)</i>					Date:

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

