



Dallas Independent School District

**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) &amp; 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 &amp; 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 &amp; Dates:

Amounts &amp; Dates:

Amounts &amp; 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.)

