



Belton ISD Form B - Overnight Trip Proposal

Attach list of student participants and proposed itinerary

CAMPUS: _____

DATE: _____

_____ *In State* _____ *Out of State* _____ *Out of Country*

EVENT/TRIP:		TRIP DATE/S:	
CITY & STATE:		DEPARTURE TIME:	
GROUP TRAVELING:		RETURN TIME:	
TRIP SPONSOR:		CONTACT INFO: (Cell#)	
LEARNING EXPECTATION: <i>(Instructional Purpose of the Trip)</i>			
NUMBER OF STUDENTS:	GRADES:	NUMBER OF FACULTY:	NUMBER OF CHAPERONES:
OVERNIGHT ACCOMODATIONS: <i>(A plan to secure or monitor students at night)</i>	HOTEL NAME:	ADDRESS:	PHONE #:
TRANSPORTATION:	AIRLINE:	BUS TRIP #:	OTHER:
TRAVEL AGENCY NAME:		ADDRESS:	PHONE NO.:
FUNDING SOURCE: <i>(Budget Code.)</i>			
FUNDRAISERS:	TYPE:	DATES:	
STUDENT PAYMENT PLAN FOR TRIP:	<input type="checkbox"/> Yes If yes, how much per student? <input type="checkbox"/> No		
TOTAL COST OF TRIP:			
NEAREST MEDICAL FACILITY: <i>(Name, Address, Phone #)</i>			
UNIQUE POTENTIAL HAZARDS:	EMERGENCY PLAN		
	1. Plan with the school nurse 2. Render first aid for minor emergencies (include first aid kit) 3. Call 911 4. Notify parent/guardian 5. Contact school 6. Provide written notice upon return		
REVIEWED: <i>(Trip Coordinator/Sponsor)</i>	SIGNATURE:	DATE:	
REVIEWED: <i>(School Nurse)</i>	SIGNATURE:	DATE:	
APPROVED: <i>(Principal)</i>	SIGNATURE:	DATE:	
APPROVED IN STATE: <i>(Director)</i>	SIGNATURE:	DATE:	
FINAL APPROVAL: <i>(Assistant Superintendent)</i>	SIGNATURE:	DATE:	
APPROVED OUT OF COUNTRY: <i>(Board of Trustees)</i>	SIGNATURE:	DATE:	