Belton ISD

Form A – Day Trips

*Attach list of student names or classes and a proposed itinerary
**Sports teams or UIL groups will complete one per season and attach season schedule
***Additional proposal required for overnight/out of state trips (Form B)

*Campus:*_____ *Date:* _____

DESTINATION/LOCATION: *(Place)*		**DEPARTURE DATE:** **RETURN DATE:**		
CITY:	**STATE:**	**DEPARTURE TIME:** **RETURN TIME:**		
GROUP TRAVELING:		**TRIP SPONSOR CONTACT INFO:** *(Name & Cell#)*		
LEARNING EXPECTATION: *(Instructional Purpose of the Trip)*				
NUMBER OF STUDENTS:		**GRADES:**	**NUMBER OF FACULTY:**	**NUMBER OF CHAPERONES:**
SPECIAL EDUCATION ☐ **Yes** ☐ **No**		***If yes:*** • ATTACH LESSON PLANS • LIST TRANSPORTATION NEEDS:		
FUNDING SOURCE: *(Budget Code.)*				
FUNDRAISERS:		**TYPE:**		**DATES:**
STUDENT PAYMENT PLAN FOR TRIP:		☐ **Yes** ☐ **No** **If yes, how much per student?**		
TOTAL COST OF TRIP: *(Including transportation and fees)*				
NEAREST MEDICAL FACILITY: *(Name, Address, Phone #)*				
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**		
TRANSPORTATION:		**BUS:** *(Circle one)* Charter School	**TRANSP #:**	
REVIEWED: *(Trip Coordinator/Sponsor)*		**SIGNATURE REQUIRED:**		**DATE:**
REVIEWED: *(School Nurse)*		**SIGNATURE REQUIRED:**		**DATE:**
APPROVED: ***for fieldtrips that are funded through Special Ed.*** *(Special Ed. Executive Director)*		**SIGNATURE:**		**DATE:**
APPROVED: *(Principal)*		**SIGNATURE REQUIRED:**		**DATE:**