



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: <i>(Place)</i>		TRIP DATE/S:	
CITY & STATE:		DEPARTURE TIME:	
GROUP TRAVELING:		RETURN TIME:	
		TRIP SPONSOR CONTACT INFO: <i>(Name & Cell#)</i>	
LEARNING EXPECTATION: <i>(Instructional Purpose of the Trip)</i>			
NUMBER OF STUDENTS:	GRADES:	NUMBER OF FACULTY:	NUMBER OF CHAPERONES:
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: <i>(Including transportation and fees)</i>			
NEAREST MEDICAL FACILITY: <i>(Name, Address, Phone #)</i>			
UNIQUE POTENTIAL HAZARDS:	EMERGENCY PLAN <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 1. Plan with the school nurse 2. Render first aid for minor emergencies (include first aid kit) 3. Call 911 </div> <div style="width: 48%;"> 4. Notify parent/guardian 5. Contact school 6. Provide written notice upon return </div> </div>		
TRANSPORTATION:	BUS: <i>(Circle one)</i> Charter School		OTHER:
REVIEWED: <i>(Trip Coordinator/Sponsor)</i>	SIGNATURE:		DATE:
REVIEWED: <i>(School Nurse)</i>	SIGNATURE:		DATE:
APPROVED: <i>(Principal)</i>	SIGNATURE:		DATE: