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This exhibit was last amended on ~~November 3, 2023~~ October 14, 2025.

Exhibit A — Field Trip Checklist: Required Attachments

Campus name: _____

☐ ~~Field Trip Proposal form~~

- ~~• Completed Field Trip Proposal [FORM F4-A]~~

☐ ~~Chaperone statement acknowledging responsibilities and duties~~

- ~~• Chaperone count must uphold the 10:1 student-to-chaperone ratio.~~
- ~~• Form is to be completed by both faculty and non-staff volunteers serving as chaperone.~~
- ~~• Review forms to secure that the chaperone type and chaperone's cell phone number is provided.~~
- ~~• Chaperone forms must coincide with the count of faculty and non-staff chaperone volunteers provided on the FTP form.~~
- ~~• (Revisions will be accepted; additional forms must be submitted two instructional days prior to the trip date.)~~

☐ ~~Fundraiser Permission and Financial Recap form~~

- ~~• Applicable, if funds are being raised for FTP~~

☐ ~~Transportation~~

- ☐ ~~Charter Bus/Van Rental — P1-C, Invoice/Quote, and Financial/Analysis Report (Must reference CIP and line code if grant-funded)~~
- ☐ ~~Dallas ISD Bus Request — Request for bus has been submitted electronically.~~
- ☐ ~~Staff Provided — Copy of driver's license and insurance card (Applies to van rental or personal vehicle)~~
- ☐ ~~Parent Provided — Copy of driver's license and insurance card~~

☐ ~~Grant management portion of Field Trip Proposal — Provide copy of lesson plan with sample of worksheet handouts (Must reference CIP and grant line code)~~

☐ ~~Itinerary — Schedule of activities~~

☐ ~~List of student names and emergency contact numbers — Student list must coincide with the student count of the FTP (Revisions will be accepted; a revised student list must be submitted two instructional days prior to the trip date.)~~

☐ ~~Night shift schedule — Applicable for overnight field trips~~

☐ ~~Parent meeting (Mandatory for overnight in-county/out-of-county, out-of-state, or out-of-country field trips) — Proposed agenda, if trip is approved~~

In County

- ☐ **Field Trip Proposal**
 - **Completed Field Trip Proposal [FORM F4-A]**
- ☐ **List of student names and emergency contact numbers**
Student list must coincide with the student count of the FTP (Revisions will be accepted; a revised student list must be submitted two instructional days prior to the trip date.)
- ☐ **Parent Permission Slips [Exhibit C]**
- ☐ **Chaperone Forms**
 - **Chaperone count must uphold the 10:1 student-to-chaperone ratio.**
 - **Form is to be completed by both faculty and non-staff volunteers serving as chaperone.**
 - **Review forms to secure that the chaperone type and chaperone's cell phone number is provided.**
 - **Chaperone forms must coincide with the count of faculty and non-staff chaperone volunteers provided on the FTP form.**
 - **(Revisions will be accepted; additional forms must be submitted two instructional days prior to the trip date.)**
- ☐ **Transportation Information**
 - **Charter Bus/Van Rental/Airfare- Invoice/Quote/Reservation**
 - **Dallas ISD Bus Request — Request for bus has been submitted electronically.**
 - **Staff-Provided — Copy of driver's license and insurance card (Applies to van rental or personal vehicle)**
 - **Parent-Provided — Copy of driver's license and insurance card**

Out of County

- ☐ **Field Trip Proposal**
 - **Completed Field Trip Proposal [FORM F4-A]**
- ☐ **List of student names and emergency contact numbers**
Student list must coincide with the student count of the FTP (Revisions will be accepted; a revised student list

must be submitted two instructional days prior to the trip date.)

- ☐ **Parent Permission Slips [Exhibit C]**
 - ☐ **Chaperone Forms**
 - **Chaperone count must uphold the 10:1 student-to-chaperone ratio.**
 - **Form is to be completed by both faculty and non-staff volunteers serving as chaperone.**
 - **Review forms to secure that the chaperone type and chaperone's cell phone number is provided.**
 - **Chaperone forms must coincide with the count of faculty and non-staff chaperone volunteers provided on the FTP form.**
 - **(Revisions will be accepted; additional forms must be submitted two instructional days prior to the trip date.)**
 - ☐ **Detailed Itinerary- Schedule of activities**
 - ☐ **Transportation Information**
 - **Charter Bus/Van Rental/Airfare- Invoice/Quote/Reservation**
 - **Dallas ISD Bus Request — Request for bus has been submitted electronically.**
 - **Staff-Provided — Copy of driver's license and insurance card (Applies to van rental or personal vehicle)**
 - **Parent-Provided — Copy of driver's license and insurance card**
- Overnight/Out of State or Country**
- ☐ **Field Trip Proposal**
 - **Completed Field Trip Proposal [FORM F4-A]**
 - ☐ **List of student names and emergency contact numbers**
Student list must coincide with the student count of the FTP (Revisions will be accepted; a revised student list must be submitted two instructional days prior to the trip date.)
 - ☐ **Parent Permission Slips [Exhibit C]**

- ☐ **Chaperone Forms**
 - **Chaperone count must uphold the 10:1 student-to-chaperone ratio.**
 - **Form is to be completed by both faculty and non-staff volunteers serving as chaperone.**
 - **Review forms to secure that the chaperone type and chaperone's cell phone number is provided.**
 - **Chaperone forms must coincide with the count of faculty and non-staff chaperone volunteers provided on the FTP form.**
 - **(Revisions will be accepted; additional forms must be submitted two instructional days prior to the trip date.)**
- ☐ **Detailed Itinerary- Schedule of activities**
- ☐ **Transportation Information**
 - **Charter Bus/Van Rental/Airfare- Invoice/Quote/Reservation**
 - **Dallas ISD Bus Request — Request for bus has been submitted electronically.**
 - **Staff-Provided — Copy of driver's license and insurance card (Applies to van rental or personal vehicle)**
 - **Parent-Provided — Copy of driver's license and insurance card**
- ☐ **Student Room Assignments- Applicable for overnight field trips**
- ☐ **Night shift schedule — Applicable for overnight field trips**
- ☐ **Parent meeting (Mandatory for overnight in-county/out-of-county, out-of-state, or out-of-country field trips) — Proposed agenda, if trip is approved**
- ☐ **Grant management portion of Field Trip Proposal — Provide copy of lesson plan with sample of worksheet handouts (Must reference CIP and grant line code)**
- ☐ **Fundraiser Permission and Financial Recap form**

- **Applicable, if funds are raised for FTP**

Note:

1. When submitting FTPs for approval, please adhere to the number of days allotted:
 - 15 **instructional** days prior to trip date for in-county trips or out-of-county trips
 - 15 **instructional** days prior to trip date for in-county or out-of-county overnight trips within Texas
 - 30 **instructional** days prior to trip date for out-of-state trips
 - 45 **instructional** days prior to trip date for out-of-country trips
2. Non-UIL competitions must include a complete FTP.
3. It's prohibited to charge/collect fees from students for educational field trips per policy. [See FP(LEGAL)]
4. Field trip coordinators must secure their campus is in compliance with FMG(LOCAL) and FMG(REGULATION): <http://pol.tasb.org/Policy/Code/361?filter=FMG>
5. When rescheduling a previously approved field trip, complete a new FTP and attach the initial signed/approved FTP form.
6. For cancellation/changes to school buses, notify Transportation Services, or for charter buses, contact the vendor.

Exhibit B — Campus Field Trip Proposal (FTP)

Office Use Only:

Complete FTP received date: _____

Incomplete FTP returned date: _____

- ☐ Pre-approved destination (*15-day receipt*)
- ☐ UIL
- ☐ Non-District Event
- ☐ In-County (*15-day notice*)
- ☐ In-County or Out-Of-County Overnight (*15-day notice*)
- ☐ Out-of-County (*15-day notice*)
- ☐ Out-of-State (*30-day notice*)
- ☐ Out-of-Country (*45-day notice*)

Campus: _____

(Please follow FMG(LOCAL) and FMG(REGULATION), which pertains to school-sponsored trips, excursions, tours, and District 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

Physical address: _____

ZIP: _____

Departure (*date/time*): _____

Return (*date/time*): _____

Group Traveling

Student group
(i.e., Student Council, Choir): _____

Number of students
(*count must coincide with student list*): _____

Grades: _____

Number of faculty: _____

Number of non-staff: _____

Learning Expectation

TEKS/Objectives addressed:

Trip Sponsor

First and last name: _____

Cell phone number: _____

Overnight Accommodations

Hotel name: _____

Physical address: _____

ZIP: _____

Phone number: _____

Funding Source

- ☐ Activity Fund
- ☐ Arts Partners
- ☐ Grant (*Campus Action Plan number*)
- ☐ General operating
- ☐ Other: _____

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Trip Total	Fundraisers Types and dates	School Payment Plan Amounts and dates	Student Payment Plan Amounts and dates <i>(Only for Non-Instructional or Out-Of-School Hours)</i>
\$			
\$			
\$			
\$			

Transportation

- ☐ Charter bus
- ☐ 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 parents/guardians
6. Provide written notices upon return

Name of nearest medical facility: _____

Physical address: _____

Phone number: _____

Grant Funded

Briefly describe where your comprehensive needs assessment addresses the use of field trip/field experiences and lesson extensions to improve student learning:

Campus Action Plan number: _____

Cost Breakdown

Transportation (*estimate*): \$ _____

Line code: _____

Admission per student: \$ _____

Line code: _____

Total cost of field trip: \$ _____

Has the campus taken this trip before?

☐ Yes

☐ No

If yes, please provide the line code utilized to pay for the trip: _____

Required Signatures

Confirmed accuracy and completion of trip information and documents in adherence to FMG(LOCAL) and FMG(REGULATION)

Trip sponsor: _____ Date: _____

Reviewed FTP packet

Trip coordinator: _____ Date: _____

Approved

Principal: _____ Date: _____

Executive director: _____ Date: _____

Grants manager: _____ 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 and
out-of-county)

Date: _____

Chief of school leadership:
(for out-of-state and out-of-
country only)

Date: _____

For grant-funded, please attach a copy of the lesson plan, handout, or worksheet completed on the day of the field trip.

(Please note: Insurance has already been purchased by Risk Management; campuses no longer purchase insurance for field trips.)

Exhibit C — Field Trip Permission Acknowledgment of Responsibility and Permission for Student Participation in Field Trip or Out-of-School Activity

I, _____(parent/guardian), agree to allow my son or daughter,
_____(student's name), to attend the following field trip or
out-of- school activity:

Destination, detailed description of activity and educational purpose:

Date of field trip/activity: _____Time of departure: _____Time of return: _____

Group/Class/School Club: _____

Sponsor of field trip/activity: _____

Transportation being provided (*check all that apply*):

- ☐ School bus
- ☐ Commercial/Charter bus
- ☐ Public transportation
- ☐ Personal vehicle
- ☐ Leased vehicle
- ☐ None (*provide your own or none needed*)
- ☐ Airplane
- ☐ **District Vehicle**
- ☐ **Walking**

Drivers of private or leased vehicles (*check all that apply*):

- ☐ Teacher or staff member
- ☐ Parent
- ☐ Student
- ☐ Other adult

In the event this trip has an organized water activity, does your child know how to swim?

- ☐ Yes

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☐ No — If no, a flotation device will be provided.

Health services:

Will your child require the administration of any medication or medical procedure while on the field trip?

☐ Yes

☐ No

If yes, please indicate the medication(s) and/or procedure(s) with times for administration:

Medication/Procedure: _____ Time: _____

Student Agreement

While participating on this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Student signature: _____ Date: _____

This is to certify that I authorize the Superintendent or a designated representative to secure any and all emergency medical care and treatment for my child for acute illness suffered or injury sustained while participating in this trip or activity. I understand that, while student safety is a high priority for the District, under state law, the school is not responsible for medical costs associated with student injury.

Parent/Guardian's signature: _____ Date: _____

Daytime phone number: _____

Emergency contact name: _____

Phone number: _____

Exhibit D — Parent-Provided Transportation Form

I, _____, the parent/guardian of
_____, a student enrolled in the Dallas Independent School District,
hereby assume responsibility or grant permission for _____
(*name of vehicle owner/operator and relationship to student*) to transport the student named
above from _____ (*departure location*) to
_____ (*destination location*) and back to
_____ (*departure location*).

Date of trip: _____

Time of trip: _____ a.m./p.m. to _____ a.m./p.m.

Each student and his or her parent/guardian agrees to assume all risk of and responsibility for personal injury or death to, or damage to or loss of property of, the student arising from, based upon, or relating to the student's participation in the field trip. Each student and his or her parent/guardian understands and agrees that, in the event of any injury to the student, the District will not be held responsible for any decision relating to medical treatment for the student or for such treatment itself.

I hereby waive, release, and discharge the Dallas Independent School District, its Board members, officers, and employees from any claim, demand, or cause of action arising out of the transportation herein provided and agree to indemnify and hold harmless the Dallas Independent School District and its employees from all claims for loss, damage, or injury sustained by the student named above or by me.

Signature of parent/guardian: _____ Date: _____

Student's signature:
(*if 18 years of age or over*) _____ Date: _____

Exhibit E — Personal Transportation Form

I, _____, will be transporting students
from _____ (campus) to _____
and back to _____ (campus) for a field trip.
This trip will take place on _____ (date) at _____ a.m. / p.m.

I have read FMG(REGULATION) Student Activities: Travel provisions that state, "If a privately owned or rented vehicle is used, the vehicle must be insured, and the operator of the vehicle must be appropriately licensed and insured. The operator of the vehicle will ensure that the number of passengers does not exceed the designated capacity of the vehicle and that each passenger is secured by a safety belt. The owner and/or driver of the privately owned vehicle or the person who leases a vehicle assumes all liability." (*Attach proof of insurance.*) [See FMG(LOCAL)]

I, _____, fully understand the policy as it relates to the trip mentioned above and will assume all responsibility related to this form of transportation.

Signature: _____ Date: _____

Witness: _____ Date: _____

Exhibit F — Staff-Provided Transportation Form

I, _____ (*employee's name*), will be transporting students from _____ (*campus name*) to _____ (*destination*) and back to _____ (*campus name*) for a field trip.

Time of trip: _____ a.m./p.m. to _____ a.m./p.m.

Date of trip: _____

I have read FMG(REGULATION) Student Activities: Travel provisions that state: "If a privately owned or rented vehicle is used, the vehicle must be insured, and the operator of the vehicle must be appropriately licensed and insured. The operator of the vehicle will ensure that the number of passengers does not exceed the designated capacity of the vehicle and that each passenger is secured by a safety belt. The owner and/or driver of the privately owned vehicle or the person who leases a vehicle assumes all liability." [See FMG(LOCAL)] (*Attach proof of insurance.*)

I, _____, fully understand the policy as it relates to the trip mentioned above and will assume all responsibility related to this form of transportation.

Employee's signature: _____ Date: _____

Exhibit G — Chaperone Statement Acknowledging Responsibilities And Duties

☐ Staff

☐ Non-staff

I, _____ (print full name),
will chaperone _____ (print full name)
for _____ (campus name)
to _____ (field trip destination/group traveling)
on _____ (field trip day/dates).

CHAPERONE DUTIES AND RESPONSIBILITIES AS PER FMG(REGULATION)

Chaperones must be:

1. District employees; or
2. Any other adult approved by the principal and sponsor of the field trip who meets the eligibility requirements to volunteer in the District before the trip is scheduled for departure, including a criminal background check. (Note: A "cleared" criminal background check is required of all school volunteers and non-employee chaperones.)

The primary reason for the chaperones is to supervise a group of students. Chaperones are responsible for students and are expected to stay with their assigned group and monitor their behavior for the entire field trip from departure time until they return to school.

Chaperones are responsible for enforcing the Student Code of Conduct and other relevant District policy. The chaperones are additionally responsible for executing the submitted approved plan for student supervision for the entire field trip from the time of departure until the scheduled conclusion of the trip.

Chaperones must adhere to established basic guidelines for District-sponsored functions and additional guidelines as may be developed by the individual school. Chaperones are responsible for attending any designated information or procedural meeting prior to and during the field trip as are required by the school principal, sponsor, or designee.

Chaperones must sign a form acknowledging their responsibilities as chaperones and must not be allowed to smoke, use tobacco products of any type, consume alcoholic beverages or illegal drugs, or be involved in any illegal or immoral activity during the trip. [See FMG(EXHIBIT)]

The ratio of students to chaperones will be no greater than 10:1.

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I, _____, have read and understand all the responsibilities and duties as chaperone. I accept these responsibilities without waiving any applicable immunity that may exist under the laws of the state of Texas or the United States.

Signature: _____ Date: _____

Chaperone's cell phone number: _____

Witness: _____ Date: _____
(principal, sponsor, and/or designee)

Exhibit H — List of Students

(Please type.)

Please ensure that your students are passing and that your trip is not scheduled within 10 days of testing.

Trip Sponsor: _____ Sponsor's cell phone number: _____

Chaperone's name & cell number	#	Student's name	Male or female (circle)	Emergency contact name	Parent's phone number
	1		Male/Female		
	2		Male/Female		
	3		Male/Female		
	4		Male/Female		
	5		Male/Female		
	6		Male/Female		
	7		Male/Female		
	8		Male/Female		
	9		Male/Female		
	10		Male/Female		

Chaperone's name & cell number	#	Student's name	Male or female (circle)	Emergency contact name	Parent's phone number
	1		Male/Female		
	2		Male/Female		
	3		Male/Female		
	4		Male/Female		
	5		Male/Female		
	6		Male/Female		
	7		Male/Female		

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Chaperone's name & cell number	#	Student's name	Male or female (circle)	Emergency contact name	Parent's phone number
	8		Male/Female		
	9		Male/Female		
	10		Male/Female		

Chaperone's name & cell number	#	Student's name	Male or female (circle)	Emergency contact name	Parent's phone number
	1		Male/Female		
	2		Male/Female		
	3		Male/Female		
	4		Male/Female		
	5		Male/Female		
	6		Male/Female		
	7		Male/Female		
	8		Male/Female		
	9		Male/Female		
	10		Male/Female		

**Exhibit I — Centrally Funded Trips And Out-Of-School
Activities: Athletics– Computer Science & Technology- Health &
Physical Education- JROTC–Student Activities–
Visual and Performing Arts- World Languages**

Transportation for trips or out-of-school activities that are funded and approved by the Central Office only require principal approval. The following departments have students that may take regularly scheduled, school-related trips approved and funded by the Central Office:

- Athletics
- **Computer Science & Technology**
- **Health & Physical Education**
- JROTC
- Student Activities
- Visual and Performing Arts
- **World Languages**

Trips are expected to follow the transportation guidelines as established within the sponsoring Central Office department.

The campus will be responsible for any expenses incurred as a result of failure to notify the sponsoring department of a cancellation.

Coaches and sponsors must adhere to the following guidelines outlined in the checklist below.

CHECKLIST:

- ☐ Distribute and collect the District-Approved Activities/Competitions: Parent Permission Form. The form will remain on file at the campus. The form includes a schedule of events for the year.
- ☐ Distribute the District-Approved Activities/Competitions: Principal Approval Form, signed by both sponsor and principal. The form will be submitted to the Central Office department sponsoring the activity. The form includes a schedule of events for the year.
- ☐ Compile a participant roster in accordance with department guidelines and procedures.
- ☐ Confirm that all chaperones are registered District volunteers.
- ☐ Follow all guidelines and procedures set by the Central Office department sponsoring the activity.

Overnight and out-of-state trips that do not fall within the UIL or Texas Music Educators Association (TMEA) advancement process are expected to follow the field trip checklist by completing all necessary forms and complying with procedures, timelines, and District policy.

**Exhibit J — District-Approved Activities/Competitions:
Parent Permission Form Consent to Participate in Authorized or
Sponsored Student Club/Activity**

**Cam-
pus:-** _____

**Coach/Spon-
sor:-** _____

**Organiza-
tion:-** _____

**ACKNOWLEDGMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT
PARTICIPATION IN TRIPS AND OUT-OF-SCHOOL ACTIVITIES**

~~This form is designed to obtain your permission for your child to participate in the at-
tached list of District-approved activities/competitions. Transportation will be provided
by school buses or a District-approved vendor. Please carefully read and complete all
information requested below. Incomplete forms may delay your child's approval for
participation in activities. Separate permission forms will be provided by your
coach/sponsor that fall outside the included events. Students must meet requirements
in order to participate.~~

STUDENT AND PARENT/LEGAL GUARDIAN INFORMATION

**Student's full
name:-** _____

**Student's ID num-
ber:-** _____

**Name of parent/legal guard-
ian:-** _____

**Contact number for parent/legal guard-
ian:-** _____

**Name and contact number for alternate
adult:-** _____

~~This is to certify that I authorize the Superintendent of Schools or a designated repre-
sentative to secure any and all emergency medical care and treatment for my child for
acute illness suffered or injury sustained while participating in these trips or activities.
I understand that, while student safety is a high priority for the District, under state
law, the school is not responsible for medical costs associated with student injury.~~

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(EXHIBIT)

~~In consideration for my child's participation in the described field trips and activities, I expressly hold harmless from and waive against the District, its Trustees, employees, agents, and assigns any and all claims for medical expenses, loss of services, injury to person or property, death, or other claims, actions, or liabilities made against it or them on behalf of my child, regardless of the cause of such claims, actions, or liabilities or any concurrent or contributing fault or negligence of it or them as such may result from my child's participation in the trips or activities.~~

~~In further consideration for my child's participation in the described field trips or activities, I also agree to indemnify and hold harmless the District, its Trustees, employees, agents, and assigns from and against any and all suits, actions, losses, damages, or that which may result from my child's participation in the trips or activities. I understand that the District, its Trustees, and employees understand this release and I sign it voluntarily and with full knowledge of its significance.~~

~~Signature of parent/guardian:~~ _____

~~Date:~~ _____

~~[See attached list of field trips and activities.]~~

~~Parent/Guardian: Please initial below next to trips/activities in which you DO NOT wish your child to participate.~~

~~Example:~~

Opt out	Date	Day	Event	Sanctioned by	Location	Departure time	Return time
	Sept. 19	Saturday	HS All-Region Jazz Auditions	TMEA	Waxahatche HS	8:00 a.m.	5:00 p.m.

In accordance with law, the District must receive written parental consent before a student is permitted to participate in a District- or campus-authorized or sponsored club/activity. This form must be signed and returned to _____ (name or position) before the student will be allowed to participate in these clubs/activities.

(Please print.)

Student's name: _____

Current grade level: _____

Campus: _____

Parent consent to participate

I consent for my child, _____ (student's name), to participate in the following authorized or sponsored clubs/activity:

(Check all that apply.)

- ☐ **All student clubs/activities authorized or sponsored by the District.**
 - ☐ **All student clubs/activities authorized or sponsored by the campus.**
 - ☐ **My child may only participate in the following student clubs/activities authorized or sponsored by the District or campus, please specify below:**
- _____

Parent's signature: _____

Date: _____

Exhibit K — District-Approved Activities/Competitions: Principal Approval Form

Campus: _____

Coach/Sponsor: _____

Organization: _____

- Attached is a list of all activities and competitions for which students are pre-approved for travel that is funded through the Central Office department sponsoring the trip or out-of-school activity.
- Submission of this form indicates that students from this campus have principal approval to attend the events outlined on the attached list.
- Submission of this form indicates that the corresponding District-Approved Activities/Competitions: Parent Permission Form has been collected and retained by the campus coach/sponsor.
- The Central Office department sponsoring the trip or out-of-school activity will schedule transportation according to individual department procedures and guidelines.
- Submit a copy of this signed form to the Central Office department sponsoring the trip or out-of-school activity upon completion.

Principal's name (*print*): _____

Principal's signature: _____ Date: _____

Coach/Sponsor's name (*print*): _____

Coach/Sponsor's signature: _____ Date: _____

Example:

Opt out	Date	Day	Event	Sanctioned by	Location	Departure time	Return time
	Sept. 19	Saturday	HS All-Region Jazz Auditions	TMEA	Waxahachie HS	8:00 a.m.	5:00 p.m.

Exhibit L — Senior Lock-In Requirements

If a Senior Lock-in event is approved by school leadership, in addition to all rules outlined in FMG regarding overnight events, the following are required:

- All students must submit the signed waivers required.
- All students must be dropped off at the campus prior to departure to the event and ride the bus to the event.
- No cars are to be left at the campus for students to drive the following day.
- Parents/guardians must pick up students the following morning from the school.
- A safety plan must be developed for medical emergencies.
- Be aware of students on prescribed medication and keep and monitor the administration of the prescribed medication while on the trip. The sponsor must have a signed copy of the student's Physician/Parent Request for Administration of Medicine or Special Procedures by School Personnel.
- The student-to-chaperone ratio may not exceed 10:1.

Exhibit O — Pre-Approved Field Trip Listing

The following field trips are pre-approved. Only principal-signature approval is needed to schedule the field trips listed below. However, all documents must be completed and a copy filed at the school **and submitted via the online field trip submission platform**, based on the appropriate timeline.

- **African American Museum of Dallas**
- **Amon Carter Arts Museum**
- **Bachman ROC Rowing Training Locations**
- **The Black Academy of Arts and Letters**
- Children's Aquarium at Fair Park
- Crow Collection of Asian Art
- Dallas Arboretum
- Dallas Black Chamber of Commerce
- Dallas Black Dance Theatre
- Dallas Children's Theater
- **Dallas City Hall**
- Dallas ~~County CCD~~ College campuses **(for 6th grade and up only)**
- Dallas Farmers Market
- Dallas Heritage Village
- Dallas Holocaust Museum **and Human Rights Museum**
- Dallas ISD Field Houses (for football, **soccer, swimming**, track, and graduation rehearsals)
- Dallas Museum of Art
- Dallas Public Library
- Dallas Theater Center
- Environmental Education Center
- Fair Park Museum
- Fair Park Music Hall
- Frontiers of Flight Museum
- Geometric and MADI Museum

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TRAVEL

FMG
(EXHIBIT)

- George W. Bush Library
- International Museum of Cultures
- Jewish Community Center of Dallas
- **Kimball Art Museum**
- **Latino Cultural Center**
- Local police/fire stations
- Local post office
- Meadows Museum, at SMU
- Meyerson Symphony Center
- **Moody Auditorium**
- Museum of Nature and Science
- Nasher Sculpture Center
- Old Red Museum of Dallas County
- Palace of Wax
- ~~**Paul Quinn College**~~
- Pegasus Theatre
- Perot Museum of Nature and Science
- Sea Life Aquarium
- **The Strauss Stage**
- Texas Discovery Gardens
- **The Dallas Fire Fighter's Museum**
- The Majestic Theater
- The Sixth Floor Museum
- **The Winspear Opera House**
- **The Wylie Theater**
- Trinity River Audubon Center
- **YMCA**
- Zoo Dallas/Fort Worth