



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>		DEPARTURE DATE:			
		RETURN DATE:			
CITY:	STATE:	DEPARTURE TIME:			
		RETURN TIME:			
GROUP TRAVELING:		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:
SPECIAL EDUCATION <i>If yes:</i> ☐ Yes ☐ No - ATTACH LESSON PLANS - LIST TRANSPORTATION NEEDS:					
Nutritional Services:		How many sack lunches are needed: _____ ☐ NONE			
FUNDING SOURCE: <i>(Budget Code.)</i>					
FUNDRAISERS:		TYPE:		DATES:	
STUDENT PAYMENT PLAN FOR TRIP:		☐ Yes If yes, how much per student? ☐ No			
TOTAL COST OF TRIP: <i>(Including transportation and fees)</i>					
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			
TRANSPORTATION:		BUS: <i>(Circle one)</i> Charter School		TRANSP #:	
REVIEWED: <i>(Trip Coordinator/Sponsor)</i>		SIGNATURE REQUIRED:		DATE:	
REVIEWED: <i>(School Nurse)</i>		SIGNATURE REQUIRED:		DATE:	
REVIEWED: <i>(School Nutrition Manager)</i>		SIGNATURE REQUIRED:		DATE:	
APPROVED: <i>for field trips that are funded through Special Ed.</i> <i>(Special Ed. Executive Director)</i>		SIGNATURE (IF special Ed:		DATE:	
APPROVED: <i>(Principal)</i>		SIGNATURE REQUIRED:		DATE:	