



**2015-2016 DEL VALLE INDEPENDENT SCHOOL DISTRICT  
FIELD TRIP/ OUT-OF-SCHOOL ACTIVITY APPROVAL**

School: \_\_\_\_\_ Budget Code: \_\_\_\_\_

**Organization/Class Participating**

Check one: ☐ Instructional    ☐ Competition    ☐ Club/Organization    ☐ School-affiliated organization

☐ Other [explain]: \_\_\_\_\_

*If using local, state, or federal funds, indicate the core subject TEKS-SE that will be learned or reinforced.*

Description of trip/activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose of trip/activity (note TEKS-SE): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ ☐ Regular school day    ☐ Other: \_\_\_\_\_

Time: From: \_\_\_\_\_ ☐ During school time only

To: \_\_\_\_\_ ☐ Beyond regular school time (begins early or ends late)

Place: \_\_\_\_\_

Number of students participating: \_\_\_\_\_ Number of chaperones: \_\_\_\_\_

<i>Name of chaperone(s):</i>	<i>Check one:</i>	<i>Position (Professional Staff)</i>
1.	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Other Professional <input type="checkbox"/> Volunteer*	
2.	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Other Professional <input type="checkbox"/> Volunteer*	
3.	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Other Professional <input type="checkbox"/> Volunteer*	
4.	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Other Professional <input type="checkbox"/> Volunteer*	
5.	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Other Professional <input type="checkbox"/> Volunteer*	
6.	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Other Professional <input type="checkbox"/> Volunteer*	
7.	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Other Professional <input type="checkbox"/> Volunteer*	

\*Principal must ensure that each volunteer has been cleared to be a chaperone according to policies and regulations.  
Employee spouses cannot serve as chaperones.

**Health Services**

Will any student(s) participating require the administration of a medical procedure while on this field trip? ☐ Yes    ☐ No

Will any student(s) participating require the administration of medication while on this field trip? ☐ Yes    ☐ No

*If yes answered to either question above, contact the Director of Student Health Services to request substitute coverage by properly trained staff prior to completing planning or garnering parent permission. Coverage will be provided based on availability and compensation will be the responsibility of the campus.*

**Transportation**—Mode of transportation: \_\_\_\_\_

For car or approved van, complete the information below.

Current Driver's License: ☐ Current Insurance Card: ☐ Verified by: \_\_\_\_\_

Teacher's/Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval Requirements (Note due dates)**

**Instructional trips/activities on the pre-approved list or other trips/activities within Travis, Bastrop, Hays, Caldwell, or Williamson Counties with no overnight stay, require principal approval only. [CP1] Approval form remains at campus level.**

☐ Approved

☐ Not approved

Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Original: Principal*

*Copy: Teacher/Sponsor*

**Instructional trips/activities not on the pre-approved list or any trips/activities out of Travis, Bastrop, Hays, Caldwell, or Williamson Counties (within Texas) or including an overnight stay, require principal and district administrator approval. Completed form must be submitted to Curriculum and Instruction three (3) weeks prior to the trip.**

☐ Approved

☐ Not approved

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Approved

Signature of Executive Director/

☐ Not approved

Assistant Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

*Original: Principal's Supervisor*

*Copy: Principal*

*Copy: Teacher/Sponsor*

**Instructional trips/activities not on the pre-approved list or any trips/activities outside of Texas (but within the contiguous United States) require principal and district administrator, and Superintendent approval. Completed form must be submitted to Curriculum and Instruction four (4) weeks prior to the trip.**

☐ Approved

☐ Not approved

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Approved

Signature of Executive Director/

☐ Not approved

Assistant Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Approved

Signature of

☐ Not approved

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

*Original: Principal's Supervisor*

*Copy: Principal*

*Copy: Teacher/Sponsor*

**Instructional trips/activities for any trips outside the continental United States require Board of Trustee approval at a Board meeting. Completed forms must be submitted to Curriculum and Instruction three (3) months prior to the trip.**

☐ Approved

☐ Not approved

Board Approval Date: \_\_\_\_\_

*\*Board approval is required at least two months prior to the field trip.*

*Original: Principal's Supervisor*

*Copy: Principal*

*Copy: Teacher/Sponsor*