



# TERRELL INDEPENDENT SCHOOL DISTRICT

## CAMPUS FIELDTRIP PROPOSAL (FTP)

OFFICIAL USE ONLY
Complete FTP Received Date _____
Incomplete FTP Returned Date _____

<input type="checkbox"/> JIL	<input type="checkbox"/> NON-District Event	<input type="checkbox"/> IN-County (15 day Notice)	<input type="checkbox"/> In-County or Out of County Overnight (30 day notice)	<input type="checkbox"/> Out of County (15 day notice)	<input checked="" type="checkbox"/> Out of State (30 day notice)	<input type="checkbox"/> Out of Country (45 day notice)
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CAMPUS: Furlough Middle School

DESTINATION INFORMATION			
DESTINATION:	<u>Washington D.C.</u>	Has the campus participated in a previous field trip to this destination in the past year <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Departure: Date: <u>7/14/26</u> Time: <u>unknown</u>
PHYSICAL ADDRESS	_____	ZIP CODE _____	Return: Date: <u>7/16/26</u> Time: <u>unknown</u>

GROUP TRAVELING			
Student Group (i.e. Student Council, Choir, etc.): _____			
Number of Students: <u>15</u> (Count must Coincide Student List)	Grade(s): <u>7th/8th</u>	Number of Faculty: <u>2+</u>	Number of Non-Staff: _____

LEARNING EXPECTATION
Instructional Purpose: <u>National monuments educational tour of Washington DC</u>

TRIP SPONSOR	
First & Last Name: <u>Merridythe Avenitt</u>	Cell Phone: <u>903-495-1441</u>

OVERNIGHT ACCOMODATIONS			
Hotel: <u>unknown</u>	Physical Address: _____	ZIP CODE _____	Phone Number: _____

FUNDING SOURCE			
<input type="checkbox"/> Activity Funds	<input type="checkbox"/> Grant Campus Action Plan#: _____	<input type="checkbox"/> General Operating Funds	<input checked="" type="checkbox"/> Other

TRIP TOTAL COST	FUNDRAISERS	SCHOOL/STUDENT PAYMENT PLAN
<u>\$ 2800 per student</u>	Types & Dates: _____	School - Dates & Amounts: _____ Student-Dates & Amount: _____

TRANSPORTATION				
<input type="checkbox"/> GoldStar Bus Confirmation	<input type="checkbox"/> Tiger Bus Confirmation (RED BUS)	<input checked="" type="checkbox"/> Airplane	<input type="checkbox"/> Walking	<input type="checkbox"/> 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 parent/guardian	6. Provide written notice upon return
Name of Nearest <u>unknown</u> Medical Facility: _____	Physical Address: _____	Phone #: _____

REQUIRED SIGNATURES		
Confirmed Accuracy and completion of trip information and documents in adherence to Policy	Trip Sponsor: <u>Merridythe Avenitt</u>	Date: <u>11/14/24</u>
Approved	Principal: <u>adennis</u>	Date: <u>11/11/24</u>
Approved	Executive Director: <u>Charde Dockery</u>	Date: <u>11/11/2024</u>
Approved	Deputy Superintendent: <u>Tracie R. Washington</u>	Date: <u>11/11/2024</u>
Approved (out of state)	Board Approval Date: _____	

\*World classrooms handles all aspects of the trip











# FMS-RECEPTION-COLOR\_035461

Final Audit Report

2024-11-11

Created:	2024-11-11
By:	Lisa Phillips (lisa.phillips@terrellisd.org)
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-  Document created by Lisa Phillips (lisa.phillips@terrellisd.org)  
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-  Signer charde.dockery@terrellisd.org entered name at signing as Charde Dockery  
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-  Document e-signed by Charde Dockery (charde.dockery@terrellisd.org)  
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