

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT

EXTENDED FIELD TRIP REQUEST FORM

(An overnight field trip is considered an extended field trip.)

Traveling by: WL School Bus _____ Charter Bus _____ Personal Vehicle _____ Foot _____
 (Account # Required-see below) (Attach Insurance Copy) (IFCB-R-17 kept w/school) (No Transportation)

School _____ Grade _____ Trip Date(s) _____

Destination _____

Time of Departure from School _____ Time of Return to School _____

<u>Name(s) of Staff Members Attending</u>		Total Participation _____
1. _____	6. _____	# of Students _____
2. _____	7. _____	# of Staff _____
3. _____	8. _____	# of Chaperones _____
4. _____	9. _____	# of Instruments _____
5. _____	10. _____	(Ratio: EI/5:1, MS/7:1, HS/8:1)

- Indicate educational merits of this field trip and how it relates to your classroom instruction: _____
- Have you made necessary arrangements with authorities at your destination? Yes ___ Does Not Apply ___
- Have you notified cafeteria and itinerant staff of the date of your trip? Yes _____ Does Not Apply _____
- Indicate account number for WL transportation billing: _____
- Substitute arrangements have been made where necessary. Yes _____ Does Not Apply _____

LODGING INFORMATION

Date _____ Facility _____

Address _____ Phone _____

Date _____ Facility _____

Address _____ Phone _____

TEACHER RESPONSIBILITIES FOR EXTENDED FIELD TRIP

1. Submit this form to principal and discuss payment method him/her a minimum of four weeks in advance of start date of trip.
2. Send Extended Field Trip Parent Notice/Permission & Medical Consent Form (IFCB-R-14) to parent.
3. Discuss with each chaperone his/her responsibility and assign students to chaperones.
4. Discuss with all students your rules and their responsibilities.
5. Have emergency preparedness (IFCB-R-20) and Foreign Travel Information (IFCB-R-15) in possession.

Teacher Signature _____ Date _____

Principal Signature _____ Date _____

<u>TRANSPORTATION USE ONLY:</u>		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
Reason for disapproval _____			
Assigned to _____			
Bus Number _____		Transportation Supervisor's Signature _____	
Your account/s have been charged as follows:			
Field Trip Salary (_____ hours _____ minutes @ \$ _____/hour)			\$ _____
Field Trip Mileage (_____ miles @ \$1.75/mile)			\$ _____
		TOTAL	\$ _____
Journal Entry #: _____		Logged on: _____	

Distribution Directions: 1 copy – Confirmation 2 copies – Transportation 1 copy - Debit Notice