

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
REGULAR FIELD TRIP REQUEST FORM

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 _____ Date(s) of Trip _____

Destination _____

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

<u>Name(s) & Phone Number(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 _____

Principal Signature _____	Date _____	Cabinet Member Approval _____	Date _____
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**Field trips using Walled Lake buses (77 passenger) are to be taken between the hours of 9:30A-1:50P.
Only Walled Lake students and authorized chaperones are permitted to ride school buses.
After hours transportation contact numbers: _____**

<u>FIELD TRIP CONFIRMATION - FOR 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 Cost ___hours ___minutes @ \$30.00	\$ _____
Field Trip Mileage _____miles @ \$1.75/mile/per bus	\$ _____
TOTAL \$ _____	
Journal Entry #: _____	Logged on: _____