

**WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
EXTENDED/OVERNIGHT FIELD TRIP REQUEST FORM**

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

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

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 _____

Cabinet Member Approval: _____ Date _____

<u>TRANSPORTATION USE ONLY:</u>	APPROVED	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: _____	