WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
EXTENDED/OVERNIGHT FIELD TRIP REQUEST FORM
(An overnight field trip is considered an extended field trip.)

WL School Bus                     Charter Bus                     Personal Vehicle                     Foot                     Air
(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 ___________________
Name(s) of Staff Members Attending
Total Participation _____________
1. __________________________   6. __________________________
2. __________________________   7. __________________________
3. __________________________   8. __________________________
4. __________________________   9. __________________________
5. __________________________  10. __________________________
# of Students _________________
# of Staff ____________________
# of Chaperones _______________
# of Instruments _______________
(Ratio: El/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 _______________

FOR TRANSPORTATION USE ONLY:     APPROVED     DISAPPROVED

Reason for disapproval
Assigned to _____________________________________________
Bus Number __________________________

Your account/s have been charged as follows:
Field Trip Salary (_________ hours ________ minutes @ $________/hour)    $________
Field Trip Mileage (_________ miles @ $1.75 $2.00/mile)        $________
TOTAL $________

Journal Entry #: _________________________________     Logged on: _____________________

4/2/98, Revised:  8/5/04, 08/07, 6/08_4/2/20