



### PRELIMINARY FIELD TRIP REQUEST

This form is to be submitted to the Superintendent for **ALL** field trips. Overnight trips: Submit 12 weeks in advance. Attach a complete itinerary. It will be presented to the Board of Education for approval. Day trips: Submit 3 weeks in advance for Superintendent approval.

Trip Requested By: \_\_\_\_\_  
(Class/Group/Club Name)

School Building: \_\_\_\_\_ Grade/Group/Team: \_\_\_\_\_

Person(s) in Charge of Trip: \_\_\_\_\_

Mobile Phone Number of Person(s) in Charge: \_\_\_\_\_

Destination of Trip including Address: \_\_\_\_\_

Event: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Distance from Westlake: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Day of Week: \_\_\_\_\_

Return Date: \_\_\_\_\_ Time: \_\_\_\_\_ Day of Week: \_\_\_\_\_

List trip dates that are vacation or school holidays: \_\_\_\_\_

How does this trip relate to an appropriate curriculum area? \_\_\_\_\_

\_\_\_\_\_

Objectives obtained by students participating: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How are students selected for this trip? \_\_\_\_\_

Approximate number of students participating: \_\_\_\_\_ Number of chaperones anticipated: \_\_\_\_\_  
(minimum 1 chaperone for every 15 students)

Travel Bureau making arrangements: \_\_\_\_\_

Mode(s) of transportation and # of buses requested: \_\_\_\_\_

Is a Special Needs Bus Needed: YES NO

Name of company providing vehicles: \_\_\_\_\_  
(If charter bus, Interstate Commerce Commission requires \$5 million minimum coverage)

Liability Insurance Maximums: \_\_\_\_\_  
(each occurrence) (aggregate)

Are chaperone costs included in pupil costs? \_\_\_\_\_ Anticipated total cost per pupil: \_\_\_\_\_

What provisions have been made for students who cannot afford the cost? \_\_\_\_\_

Will there be a fundraising activity? If so, please describe fundraiser and when it will be held. \_\_\_\_\_

Special Instructions (i.e. Stop for Meal):  
Special Equipment (wheelchair lift, car seats, seatbelts) \_\_\_\_\_

- Please attach:
- 1) Outline of Itinerary, including lodging and eating arrangements and side trips
  - 2) Parental permission form to be used

Important Information: Bus Capacity = 44 @ 2 per seat or 66 @ 3 per seat  
Tolls, parking, etc. are the responsibility of the teacher.  
A teacher or chaperone must accompany each bus.  
Passengers must be participants in the activity.

**PLEASE NOTE: A copy of the Emergency Medical Authorization Form for each student participating must be readily available to designated chaperone(s).**

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Education Approval: \_\_\_\_\_ Date: \_\_\_\_\_