

2002-AR (Field Trips) Extended Field Trip Request Form

**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 (Consent Forms kept w/school) Foot (No Transportation) Air

*Student's driving a personal vehicle, the trip distance cannot exceed 35 miles, 2002-AR Field Trip Private Transportation Authorization form is required.

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. _____	# of Students _____
2. _____	7. _____	# of Staff _____
3. _____	8. _____	# of Chaperones _____
4. _____	9. _____	# of Instruments _____
5. _____	10. _____	# Special Equipment _____
		(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 [2002 AR Extended Field Trip Parent Notice/Permission & Medical Consent Form](#) 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 in possession [2002-AR Extended Field Trip Emergency Preparedness Form](#) and [2002-AR Foreign Travel Information Form](#)

Teacher Signature _____ Date _____ Principal Signature _____ Date _____

Cabinet Member Approval: _____ Date _____

Field Trip Salary Rates	
Weekday \$33.00/hour • Saturday \$50.00/hour • Sunday & Holiday \$66.00/hour	
Your account(s) have been charged as follows:	
Field Trip Salary (_____ hours _____ minutes @ _____ /hour)	\$ _____
Field Trip Mileage (_____ miles @ \$2.00/mile/per bus)	\$ _____
TOTAL \$ _____	
Journal Entry #: _____	Logged on: _____