



FIELD TRIP/BUS 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: _____