

**William Floyd School District**  
**DISTRICT WIDE FIELD TRIP REQUEST**

1. Go to <http://maps.google.com> to get directions and round-trip miles from your building to the field trip destination, which will give you the mileage for the transportation calculator.
2. Fill out entire form and give to building/department secretary.
3. Estimated hours is the time you leave the school to the time you return. Please put "0" hours for Drop & Pick up trips.
4. **Please turn in class list (potential attendees) when you hand in this form.**

**PLEASE PRINT** (Please submit completed form to secretary 20 school days prior to the trip) **Field Trip**

**Name:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Staff Responsible/FT Contact:** \_\_\_\_\_ **Staff Cell #:** \_\_\_\_\_

**Grade/Group /Department:** \_\_\_\_\_

**Activity (Athletics, Competition, Field Trip, Life Skills):** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_ **Departure Time from School:** \_\_\_\_\_

**Return Date:** \_\_\_\_\_ **\*Return Time to School:** \_\_\_\_\_

**Notes (Location of PU/Drop off):** \_\_\_\_\_

**DESTINATION**

**\*\*Destination:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name of Contact:** \_\_\_\_\_ **Phone #/Email:** \_\_\_\_\_

**Notes (Anticipated Student Learning):** \_\_\_\_\_

**Special Equipment (Please Check):** \_\_\_ BOOSTER SEAT \_\_\_ CAR SEAT \_\_\_ HARNESS \_\_\_ WHEELCHAIR VAN  
\_\_\_ MINIBUS \_\_\_ REGULAR BUS \_\_\_ OTHER \_\_\_\_\_

*If applicable, list or attach names of students requiring special accommodations at bottom of page 2.*

**Classification (Who is paying)**  
\_\_\_\_\_

**# of Students:** \_\_\_\_\_ **# of Adults:** \_\_\_\_\_ **# of Buses:** \_\_\_\_\_ **# of Miles:** \_\_\_\_\_ **Est. hours:** \_\_\_\_\_

**Estimated Cost (from calculator above) \$ \_\_\_\_\_**

Names of Attending Teachers

Names of Attending Parents/Chaperones

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**METHOD OF TRANSPORTATION** *(Must check one)*

Contract School Bus

Charter

WALKING

Yes, I have given the school nurse a list of potential attendees. (Must be given to nurse prior to approval for clearance and to avoid cancellation)

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

**\*If there is a delay, the staff member responsible shall notify District Security at 874-1277 of the adjusted ETA so that concerned parents may be updated. Staff member, please initial: \_\_\_\_\_**

**\*\*IF THE DESTINATION OF THIS TRIP IS TO NEW YORK CITY, WASHINGTON D.C. or any other areas of high population density, please attach the following:**

1. Written statement of Safety and Security Procedures which are in effect at the destination site.
2. Emergency Procedures which students will be advised of prior to trip.