



**Forest Lake**  
EDUCATION CENTER

# Field Trip/Off Campus Activity Request

*Must be submitted at least one week in advance for approval*

## Activity Information:

Date of Activity: \_\_\_\_\_ Grade/Classroom/Group: \_\_\_\_\_

Contact Teacher: \_\_\_\_\_

**NOTE:** If a field trip requires multiple stop, please note ALL destinations below (i.e. museum and park for lunch):

Activity: \_\_\_\_\_

Activity Address: \_\_\_\_\_

**Will you require a sub :**  No  Yes (*Prior* to approval, a sub request must be submitted)

## **NOTE: PLEASE ATTACH CLASS LIST OR LIST OF STUDENTS ATTENDING**

Permission slips must be collected and Consent to Treat Forms must be taken on trip for each student.

## Transportation Information:

Load Time: \_\_\_\_\_ am / pm

Departure Time from School: \_\_\_\_\_ am / pm

Return Arrival Time at School: \_\_\_\_\_ am / pm

*Please avoid returning to campus between 3:15-3:30 due to heavy congestion in parking lot*

Private Cars (*Please bring proof of insurance and driver's license to business office*)

Buses

Number of Buses Requested:  (1) One Bus

(*Bus holds 44 if 2/seat or 65 if 3/seat*)  (2) Two Buses

**Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Office Use Only:

Sub Request Rcvd: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Denied \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

### Copies to:

Contact Teacher

Bus Driver

Business Manager

Kitchen

School Nurse

Office Manager