

REQUEST FORM FOR OVERNIGHT OR OUT-OF-STATE FIELD TRIPS

This form must be completed by the trip supervisor and returned to the appropriate school administrator at least **four** weeks in advance of the trip. *NOTE: The Superintendent has the authority to approve trips that occur before the next scheduled School Board meeting.*

All applicable items must be completed before submitting to the appropriate school administrator.

West Lafayette Junior-Senior High School

Destination BLUE MAN GROUP - Briar Street Theatre, Chicago, IL

Cumberland Elementary

Destination _____

Happy Hollow Elementary

Destination _____

Date of Request 12/19/22

Beginning and Ending Dates of Trip 2/11/23

Signature of Supervising Staff Member Don Pettit

Organization WL Bands

Administrators' approval 

Date 12/19/22

TRIP INFORMATION

Destination of Trip (be specific) Briar Street Theatre, Chicago, IL

Trip will be (Circle one or both)

Overnight

Out-of-State

Reason for Trip Student Enrichment for Music Performance Opportunity

Number of instructional minutes lost Zero (Saturday trip)

Describe the specific educational goal(s) or state standards that this activity will help students attain. This will provide students with an opportunity to see a professional performance, and provide enrichment in their own music playing in our band program.

Describe how this activity will help attain school improvement goals.

Seeing live performances from regions outside our district helps expand our students' cultural awareness.

Describe why this activity cannot occur without interrupting the instructional day.

N/A Does not interrupt instructional day (Saturday trip).

For overnight trips: Describe why this activity cannot occur without an overnight stay.

Method of Transportation: City/Yellow bus 1

Driver _____
~~Charter bus(es)~~ _____ ~~Driver(s) company~~ _____

(can be attached as a separate document to this packet)

Attach a detailed itinerary which should include the following:

1. Travel details
2. Hotel accommodations and contact number
3. Eating arrangements
4. Contact numbers for supervisors and chaperones
5. Stops along route either coming or going from event
6. Any specific medication requirements, dietary restrictions, or important medical information for students
7. Other pertinent or relevant information

Emergency Contact Information

Emergency Contact Information for All Participants

On file with sponsor Yes No On file with school office Yes No

Cell Phone Numbers for Contact--

Trip Sponsor's Name Don Pettit Number 765-430-4721 (cell)

School Personnel Name Kelso Daning Home Number 574-333-1530 (cell)

OTHER REQUIREMENTS

School rules have been explained to students

Yes, have been explained Date _____ By _____

Yes, will be explained Date 1/6/23 By Don Pettit & Kelso Daning

For CO/Board of Education use only

Field trip approval date _____

Approved by _____

Itinerary (All times are EST)

We will adhere to the following timeline (all times are EST):

10:30AM Leave WLHS

12:15PM Eat lunch at Southlake Mall food court in Merrillville, IN

1:15PM Leave the mall for Chicago

2:30PM Arrive at Briar Street Theater

3:00PM Blue Man show begins

5:00PM Show ends and load buses

7:30PM Arrive back at WLHS

Sponsors:

Don Pettit - 765-430-4721

Kelso Daning - 574-333-1530