

WILMETTE PUBLIC SCHOOLS  
TRANSPORTATION OFFICE

615 Locust Road  
Wilmette, Illinois 60091  
847/256-2450  
847/256-1782 (Fax)

## FIELD TRIP TRANSPORTATION REQUEST

Field Trip Contact Person & Phone # \_\_\_\_\_

Date of Trip \_\_\_\_\_ Date of Request \_\_\_\_\_

School of Departure and Return \_\_\_\_\_

Time of Departure \_\_\_\_\_ Time of Return \_\_\_\_\_

Destination \_\_\_\_\_

Address of Destination \_\_\_\_\_

Phone Number and Contact Person at Destination \_\_\_\_\_

Number of Children \_\_\_\_\_ Number of Adults \_\_\_\_\_

Teacher(s) Traveling with children \_\_\_\_\_

Equipment needed:

Wheelchair bus \_\_\_\_\_ Student Restraint System \_\_\_\_\_ Other \_\_\_\_\_  
Please specify

Special Instruction \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Principal's Signature

**All written requests must be submitted to transportation at the MEC before scheduled day of field trip**