Frontier Central School District

OFFICE OF TRANSPORTATION

4430 BAYVIEW RD. HAMBURG NY 14075

FIELD TRIP-SPECIAL TRIP REQUEST FORM

INSTRUCTIONS:

- 1) BEFORE SCHEDULING OR BEFORE PURCHASING TICKETS TO YOUR EVENT YOU MUST FIRST CALL TRANSPORTATION FIRST TO SEE IF THE DATE YOU WANT IS AVAILABLE.
- 2) **REQUESTER**: submit this completed form to the Building Principal at least twenty (30) working days before the requested date of the trip.
- 3) Building Principal: After approval, send the form to the Transportation Supervisor for approval.
- 4) Transportation Supervisor: After approval, send the original back to the building Principal. (Retain a copy for your records.)

<u>Year-end Deadline: Field Trip request forms need to be submitted before April 30 of each year. No field trips on district half days</u>

CATEGORY 1 FIELD TRIP- SPECIAL TRIP REQUEST FORM AND AUTHORIZATION

**HAVE YOU CONFIRMED WITH TRANSPORTATION THAT THE DATE IS AVAILABLE PRIOR TO FILLING OUT THIS FORM? **

Circle Day: Sunday Monday Tuesday	y Wednesday Thursday	Friday Saturday
Date of Requested Trip (Month/Date)	Date of Sub	mission
Pickup @ building	Departure Time:	Drivers become available after 9:15am
No. of Pupils No. of Adults	No. Buses	HS, MS 44 Max per bus; 66 for Elem.
Is a wheelchair bus required? Circle One: _	YES orNO	
Destination Name		
DestinationAddress		
Return Time: Plea	se note drivers need to be back fo	or their PM Bid by 1:15pm
Stop enroute is requested? Circle one: NO	YES - Location	
Requesting Teacher(s)	School	Phone EXT
Educational Purpose		
Supervising Teacher(s)		
Name(s) of other adult(s) accompanying tea	cher	
Field Trip cost \$ Transport	ation Cost \$	
Budget Funds Available? Circle One: YES	NO	
Building Principal's Authorization: Circl	e One: Approved Not	Approved
Signature		
Transportation Supervisor's Authorization:		
Signature:		
Reason not approved:		