

FRONTIER CENTRAL SCHOOL DISTRICT

5120 Orchard Avenue
Hamburg, NY 14075

FIELD TRIP- SPECIAL TRIP REQUEST FORM

CATEGORY I

Category I field trips are limited to one-hour travel each way

INSTRUCTIONS:

- A) **Requestor:** Submit this completed form to the Building Principal at least twenty (30) working days before requested date of the trip.
- B) **Building Principal:** After approval, send **original** form to the Transportation Supervisor for approval.
- C) **Transportation Supervisor:** After approval, send **original** back to Building Principal. (Retain copy for your records.)
- D) **Building Principal:** Please duplicate and distribute as follows:
 - ONE copy to Teacher
 - ONE copy to Assistant Superintendent for Instruction Transportation
 - ONE copy to be retained by Building Principal

When contracting with a private carrier you must notify the Frontier Department so that private carrier driver's information may be obtained.

CATEGORY I FIELD TRIP - SPECIAL TRIP REQUEST FORM AND AUTHORIZATION

Circle Day: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Date of Requested Trip (Month/Date) _____ Date of Submission _____

Pick-Up _____ Departure Time _____ Please note most drivers become available after 9:15AM
(Building)

Class/Activity _____ No. of Pupils _____ No. of Buses _____

Is a wheelchair bus required? Circle one: YES NO

Destination/Address _____ Est. Mileage _____

Return to: _____ Time: _____ Please note most drivers need to be back for their PM Bid by 1:15
(Building) (Time)

Stop enroute is requested? Circle one: NO YES - Location _____

Requesting Teacher _____ School _____ Phone Ext. _____

Educational Purpose _____

Supervising Teacher(s) _____

Name(s) of other adult(s) accompanying teacher _____

Field trip cost \$ _____ Transportation Cost \$ _____

Budget Funds Available? Circle One: YES NO

Building Principal's Authorization Circle One: Approved Not Approved

Signature _____ Date _____

Transportation Supervisor's Authorization Circle One: Approved Not Approved

Signature _____ Date _____

Reason not approved: _____

