



OFFICE OF PUPIL TRANSPORTATION
 33-00 NORTHERN BOULEVARD
 LONG ISLAND CITY, NEW YORK 11101
EDUCATIONAL FIELD TRIP REQUEST FORM

304281

PRINT CLEARLY

Date sent District no. School Code Division of Special Education? YES NO

School Number _____ Class Requesting Trip _____

School Address _____ Date of Trip _____

Boro and Zip Code _____ Alternate Dates _____

Destination _____ 1. Purpose of Trip: _____

Destination Address: _____

For Non-Special Education Classes

For Special Education Classes

Total number of pupils _____

Total number of ambulatory pupils _____

Total number of adults _____

Total number of wheelchairs _____

Time of departure from school
(no earlier than 9:30 am) _____

If special hookups for wheelchairs are required, please specify: _____

Time of return to school
(no later than 1:30 pm) _____

Total number of adults _____

Return to school unnecessary _____

Time of departure from school
(no earlier than 9:30 am) _____

Time of return to school
(no later than 1:30 pm) _____

School Trip Coordinator — Phone No.
(Please Print)

Principal's Signature _____

Class Trip Coordinator — Phone No.
(Please Print)

District Trip Coordinator — Phone No.
(Signature)

Do not write below line

TRIP NOT SCHEDULED:

CONFIRMATION OF TRIP

_____ Insufficient time for processing. Allow 3 weeks. Reschedule.

Date approved for trip _____

_____ No vehicles available on requested dates. Reschedule.

Bus Company _____ Code

Bus company's phone no. _____

Contract and item nos. _____

Run number(s) _____

Number of Vehicles:

Buses _____

Minis _____

Lifts _____

Ramps _____

PLEASE CALL BUS COMPANY TO CONFIRM TRIP AT LEAST 3 DAYS BEFORE DATE OF TRIP

SPECIAL INSTRUCTIONS

1. This form must reach OPT at least 3 weeks prior to the date of the requested trip.
2. All buses must be back at school by 1:30 pm.
3. All tolls and parking must be paid by school.
4. For ongoing trips calendar must be attached.

OPT USE ONLY COST OF TRIP \$ _____
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