ONLINE TRIP  
[Calendar Attached]

OFFICE OF PUPIL TRANSPORTATION
3300 NORTHERN BOULEVARD
LONG ISLAND CITY, NEW YORK 11101

EDUCATIONAL FIELD TRIP REQUEST FORM

PRINT CLEARLY

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

School Number  Class Requesting Trip
School Address  Date of Trip
Boro and Zip Code  Alternate Dates

Destination
Destination Address:

For Non-Special Education Classes
Total number of pupils
Total number of adults
Time of departure from school
Time of return to school
Return to school unnecessary

For Special Education Classes
Total number of ambulatory pupils
Total number of wheelchairs
If special hookups for wheelchairs are required, please specify:
Total number of adults
Time of departure from school
Time of return to school

School Trip Coordinator — Phone No.
(Please Print)
Principal’s Signature
District Trip Coordinator — Phone No.
(Signature)

TRIP NOT SCHEDULED:
Insufficient time for processing. Allow 3 weeks. Reschedule.
No vehicles available on requested dates. Reschedule.

CONFIRMATION OF TRIP
Date approved for trip
Bus Company
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
$