

WATCHUNG BOROUGH SCHOOL DISTRICT REQUEST FOR FIELD TRIP AND BUSES

Please submit this form to the Board Office for Board Approval and for procurement of required busing.

School: _____

Today's Date: ____/____/_____

Grade of Group _____

Day and Date of Trip _____, ____/____/_____

Destination _____

Related to Study _____

Address _____

Admission Charges _____

Paid by Student or Board of Education (Circle One)

Bus Charges _____

Paid by Student or Board of Education (Circle One)

Paid by Other _____

Adult Supervision (LIST) _____

SPECIAL HEALTH CONCERNS

Nurse Required? Yes

Schedule Adjustments: 1. Teacher's Special Duty _____

No

2. Special Class Teachers Notified _____

Bus Information

Number of Buses Requested _____

Type of Bus Desired (Check One)

Departure Time From School _____ AM or PM

School Bus (54 person capacity)

Planned Arrival Time at Destination _____ AM or PM

Coach Bus (49 person capacity, for out of state trips)

Time of Pick-up From Destination _____ AM or PM

District Bus (24 person Capacity)

Number going on bus(es): Students ____ Teachers ____ Others ____ Total ____

Other Means of Transportation for Adults (please specify) _____

**Driver Assignment

Signed _____
Teacher

(District Bus) _____

Teacher Contact Number _____

Made By _____

Approved _____
Principal

** Driver assignment to be made by the Business Administrator
or Athletic Director for sports trips

Approved _____
Superintendent

Please submit only one (1) copy at least one (1) month before the date of the trip to the Principal for approval. If a nurse is required, the substitute nurse must be secured BEFORE the trip is approved.

Copies:

Board Office Superintendent Principal
 Nurse Teacher

For Board Office Use:

Bus Company _____
PO# _____ Confirmed ____/____/____
Cost _____ By _____
Nurse (if applicable): _____

Board Approval Date: ____/____/_____