



Regional Transportation Program Colin
Drive Instructional Support Center 15
Andrea Road
Holbrook NY 11741
Phone (631)472-6480 Fax (631)472-8798

TRANSPORTATION - FIELD TRIP

Please PRINT CLEARLY

School District: _____

Requested By: _____ Email: _____ Phone Number: _____

Date Submitted: _____ Fax Number: _____

TRIP INFORMATION

Date(s) of Trip: _____ Coach Bus: _____ School Bus: _____ Van: _____

Teacher on Trip: _____ Phone Number: _____

of Adults: _____ # of Students: _____

Are buses to remain at site? _____

Special Requirements: _____

Depart:

Pick-Up Point: _____

Address: _____

Date & Time: _____

Destination:

Transport to: _____

Address: _____

Departure time from destination: _____

***If Overnight:**

Are buses to remain at site? Yes ___ No ___ (*If yes, must have accommodations for driver(s))

Hotel Name: _____

Address: _____ Phone: _____

***If Yes, please send/fax itinerary and driver's hotel information to BOCES Transportation two weeks prior to departure date.**

Return: Date: _____ Time at School: _____

Form completed by: _____ Phone: _____

District Billing Authorized by: _____

Please print name

Signature: _____ Title: _____