

Instructions: Please complete and submit to your administrator at least:

- 14 school days in advance of trip date for local field trips
- 70 school days in advance for trips in excess of 100 miles
- after you confirmed transportation is available

- Beekmantown Elementary School
- Beekmantown Middle School

- Cumberland Head Elementary School
- Beekmantown High School

Trip Organizer: \_\_\_\_\_ Department: \_\_\_\_\_

Destination: \_\_\_\_\_

Substitute(s):  Yes  No How Many: \_\_\_\_\_

Educational Objective and NYS Standards Addressed: \_\_\_\_\_

How will this trip be used in the classroom? \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Pick-Up Point: \_\_\_\_\_

Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

Return Point: \_\_\_\_\_

Estimate Number of Passengers: Students \_\_\_\_\_ Staff \_\_\_\_\_ Volunteers \_\_\_\_\_

Availability verified with Transportation Supervisor:  Yes  No Extra-Curricular Trip:  Yes  No

Boxed Lunch Requested:  Yes  No Total Chaperones: \_\_\_\_\_

<b>Transportation Department Use Only</b>	
Driver Assigned; _____	
Vehicles Assigned: _____	
Mileage: _____	
<u>Time</u>	
Departure: _____	
Return: _____	
Total Hours: _____	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Lunch Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_