



**CBRSD LOCAL FIELD TRIP TRANSPORTATION  
REQUEST FORM**

<b>SCHOOL</b>		
<b>COORDINATOR'S NAME</b>		
<b>DATE OF TRIP</b>		
<b>GROUP, GRADE</b>		
<b>DESTINATION</b>		
<b>TIME OF DEPARTURE (ex. 11:00)</b>		AM                      PM
<b>TIME OF RETURN (ex. 2:00)</b>		AM                      PM
<b>ESTIMATED MILES (Round Trip)</b>		<i>Calculate from start of 133 south St.,</i>
<small># BUSES x TOTAL ROUND TRIP MILES</small>		<i>Hinsdale, MA; round trip mileage</i>
<b># STUDENTS</b>		
<b># OF BUSES*</b>		<i>*48 students per bus HS, MS 60 students per bus elementary</i>

<b>Requestor Signature</b>	<b>DATE</b>

<b>Principal Signature</b>	<b>DATE</b>

<b>Falkowski</b>	<b>DATE</b>

*Once approved, please submit form to Dufour for scheduling of the trip*

ESTIMATED COST:

*TO BE COMPLETED BY BUSINESS OFFICE*