BRIARCLIFF MANOR UFSD – FIELD TRIP TRANSPORTATION REQUEST FORM

*Please have your principal approve this trip by signing below and then forward your request to Denise Gomez, Facilities Office. Include the names of all teachers and/or chaperones. Enter trip in eSchool. A list of the students going on the trip, along with their addresses and phone numbers, should be sent to the **building nurse**. If your trip is not during school hours, please discuss an emergency contact number with your bus driver.* ***ONE TRIP PER FORM PLEASE***

For changes, cancellations, etc., please call 914-432-8133 or Briarcliff Bus 914-941-5139.

Request from (circle one): Todd School Middle School High School Music Dept.

Teacher for this Trip: Grade: Phone: Cell:

Today's Date: **DAY** of Trip: **DATE** of Trip: Rain Date:

Destination:

Complete Address of Destination:

School Departure Time: Est. Time of Arrival:

Destination Departure Time: Return to School By:

Try to be as accurate as possible with your timing as buses are scheduled throughout the day for other routes. If you are late, you are delaying other students.

Names of Teachers/Chaperones/indicate if CPR certified:

Total # of STUDENTS Requiring Transportation_____ Total # of PEOPLE requiring transportation_____

Size of School Bus Requested: _____ Number of Buses Requested:_____

Will you need extra room for bags, instruments, etc.?

Please note a large school bus carries 44 passengers, two in a seat; 66 passengers, three in a seat.

Purpose of Trip_____

Trip is to be charged to Account: _____ P.O. #_____

Please note if students are paying for:

the Tickets/trip: ☐ Yes ☐ No (Amt of money $_____to be deposited in Acct #_____)

the Transportation: ☐ Yes ☐ No (Amt of money $_____to be deposited in Acct#_____)

Collected funds must be submitted to the Treasurer before the trip. Have you or will you submit an Arts & Ed request for this trip?

If you do not need to request a school bus

but are notifying the district office of a field trip, please note your transportation mode: Walking_____ Train_____ Car_____

COACH BUS COMPANY*:_____*(*Coach buses must be inspected the day of the trip by Briarcliff Bus Company,* **Pease obtain certificates of insurance from the company, hold harmless, proof of Workers Compensation, an endorsement naming the district as additional insured and driver 19A certificates and attach them to this request.** *Please allow two-three weeks in order that your coach company has time to provide all insurance information.) If taking train or car, please attach copies of your permission slips.*

Teacher's Signature_____ **Date**_____

Principal's Signature_____ **Date**_____

To be completed by the Transportation Office.

Briarcliff Bus: # of buses _____x Unit Cost of $ _____= Trip Cost:_____

Sent to Briarcliff Bus:_____