

BYRON BERGEN CENTRAL SCHOOL DISTRICT
 TRANSPORTATION DEPARTMENT
 WEST BERGEN ROAD
 Drew Doll, Coordinator
 585-494-1220 x.5112

FIELD TRIP / SPECIAL BUS
 TRANSPORTATION REQUEST

Today's Date: _____ Date of Trip: _____

Group Taking Trip: _____

No. of Students: _____ No. of Adults: _____ No. of Buses: _____

Departure Time from School: _____ Return Time to School: _____

PLEASE CALL FOR PRE-APPROVAL IF TIMES FALL AT MORNING PICK UP (BEFORE 9:00) OR AT AFTERNOON DISMISSAL (AFTER 2:00)

Destination: _____ Phone: _____

Complete Address: _____

Chaperone in Charge of Trip: _____ Department: _____

Department Chair: _____

Expenses Charged to (if different than the above mentioned department): _____

For office use only:

No. Hours -	_____	No. Miles -	_____	Estimated Cost *-	_____
<i>pay/benefits</i>		<i>mileage</i>		<i>substitute + meal</i>	

BUILDING ADMINISTRATOR USE

Approval of Building Administrator: _____ Date: _____

TRANSPORTATION COORDINATOR USE

Your request for the above trip has been _____.

Per _____, Transportation Coordinator Date: _____

PLEASE READ

All approved trips should be confirmed by the chaperone two (2) days in advance as a reminder.

If you do not get this form back from the Transportation Coordinator, then the process has not been completed. Please call the Transportation Office for details.

You may print a hard copy of this form for your records.