

Check One:

- Coach Bus
 School Bus
 School Bus Van
 Other

Great Neck Public Schools

Transportation Request

Transportation Office

Tel: 441-4060 Fax: 441-4926

Transportation requests are submitted as part of the Field Trip Request form & are only to be sent separately to the Transportation Dept. if a Field Trip Request is not required.

Day Trips: Submit directly to the Transportation department.**Overnight Trips:** Include with your Field Trip Request form. **Do not submit separately** to the Transportation department.

Today's Date: _____

Trip Destination: _____ Date(s) of Trip: _____

School: _____ Departure time from school: _____

Address: _____ Estimated time of return to school _____

Phone #: _____ Requesting Group/Club: _____

Teacher in Charge: _____ Cell # (____) _____ - _____

Total # of children: _____ Total # of passengers: _____

IF NOT INCLUDED IN YOUR TRIP ITINERARY, A LIST OF ALL PASSENGERS WITH PHONE NUMBERS MUST BE ON FILE IN THE TRANSPORTATION OFFICE PRIOR TO DEPARTURE.

Exact name, address, and telephone number of trip location: _____

Contact person at trip location: _____

Purpose of Trip: _____

Special requests / needs:

____ VCR ____ DVD ____ PA System

____ Meal stop required. If so, where: _____

____ Additional stop required. If so, where: _____

____ Other: _____

Complete for Overnight Trips:

Departure date and time from site: _____

Select One: _____ Drop Off & Pick Up _____ Driver to stay with group

I am in receipt of the district's Field Trip policy #4531. With rare exception, I understand this request is to be included as part of the Field Trip request packet and as such is not to be sent separately to Transportation. I further understand this request will not be acted upon until such Field Trip packet has been approved.

Requestor's Name: _____ Phone: _____

APPROVALS:

Day Trip (Submit 30 days prior to trip.)

A Field Trip Request & the trip itinerary have been completed & are on file in my school.

Principal's Signature Date

Overnight Trip (Submit 60 days prior to trip.)

This transportation request was submitted as part of the Field Trip Request packet which included an itinerary and supervisory plan. If reimbursable expenses will be due a chaperone(s), the Request for Approval of Non-Conference Business/Travel Expenses has also been submitted.

Principal's Signature Date Superintendent's Signature Date

Out-of-Country Trip (Submit 6 months prior to trip.)

This transportation request was submitted as part of the Field Trip Request packet which included an itinerary and supervisory plan. If reimbursable expenses will be due a chaperone(s), the Request for Approval of Non-Conference Business/Travel Expenses has also been submitted.

Principal's Signature Date Superintendent's Signature Date

School Board President Signature Date

NOTE.....

- ❖ *Transportation arrangements cannot be made until all requirements of the district Field Trip Policy (#4531) have been complied with.*

- ❖ Trip departure cannot take place until the Transportation Department is in receipt of a passenger listing with phone numbers.

For Use By Transportation Department Only

Number of coaches required: _____ Type: _____ 49 passenger _____ 55 passenger

Date Received: _____ Date given to contractor: _____

Approved by: _____ Phone: _____

Rejected by: _____ Cost per bus: _____ Total cost: _____

Reason: _____