

Field Trip Request Number

_____ - _____ - _____
 SCHOOL/LOCATION ASSIGNED # MONTH #

BUS ONLY REQUEST

_____ **AGENDA**
 For SCHOOL BUSINESS ADM Use Only

WILLINGBORO PUBLIC SCHOOLS BUS TRANSPORTATION FORM

PURCHASE ORDER #:

DATE OF TRIP:**DAY** OF THE WEEK:

CONTACT PERSON:

TELEPHONE # FOR CONTACT
PERSON DURING TRIP:**BUS COST AND CONTRACTOR INFORMATION TO BE PROVIDED TO:**

Name:

Email: _____ @ wboe.net

School Fax #

Name:

Email: _____ @ wboe.net

School Fax #

Field Trip Destination:

ADDRESS:

CITY:

STATE:

PICK UP FROM:

SPECIAL INSTRUCTIONS OR ACCOMMODATIONS (IF ANY):

Departure Time from School / Location:

Departure Time from Trip Location:

Number of Students Attending:

Number of Employees and Chaperones Attending:

TOTAL NUMBER OF ATTENDEES:Type of Vehicle: **SCHOOL BUS****Holds 45-50 passengers**

of Vehicle (s):

Type of Vehicle: **SMALL SCHOOL BUS****Holds UP TO 16 passengers**

of Vehicle (s):

Type of Vehicle: **COACH BUS****AUTHORIZATION NEEDED**

of Vehicle (s):

Approved: _____
 Principal / Assistant Principal

 Date

Approved: _____
 Assistant Superintendent of Curriculum & Instruction

 Date

For SBA's Office Use Only

The original was delivered to the Office of Pupil
 Transportation on:

For SBA' Office Use Only**PO Issued by:**
