



FIELD TRIP & TRANSPORTATION REQUEST

Today's Date _____ Number of Buses Requested _____

Date of Trip _____ Time Leaving School _____

School Bldg. Making Request _____ Time Leaving Event _____

Group/Class Supervisor _____ Number in Group _____

Advisor's Name _____ Phone Number _____

Destination _____

Purpose of Trip _____

INFORMATION REQUESTED BY THE BUSINESS OFFICE

If district funded – Budget Code _____ Estimated Cost _____

If non-district funded – Group to be Invoiced for Donation _____

ADDITIONAL INFORMATION

Have arrangements been made with all affected staff members?	YES	NO
Are the students' permission slips on file?	YES	NO
Are all arrangements in place at your destination?	YES	NO
What expense will each student have to incur? (Describe below the expense purpose and amount)		

Will substitute teacher(s) be needed? (If yes, how many) _____

ROUTING FOR TRIP REQUEST APPROVAL

Bldg. Principal _____ Date Approved _____ Date Disapproved _____

Assist. Superintendent _____ Date Approved _____ Date Disapproved _____

Please Email the approved request form to the District Treasurer at pcirinci@cohoes.org
Please Copy mrumsey@cohoes.org
Please Note the bus company requires a 5-day minimum notice.