

EAST RUTHERFORD SCHOOL DISTRICT

250 Grove Street
East Rutherford, New Jersey 07073

Approval Form for Field Trip/Bus Request

***Request must be submitted to Superintendent's Office prior to the monthly BOE meeting for approval.**

Date of Request: _____ Requested by: _____

Grade(s): _____ School: _____ Class/Club: _____

Date of Field Trip or Bus Request: _____ Day of the Week: _____

Rain date for Trip if applicable: _____

Destination _____

Address: _____ City: _____ Zip code: _____

Field Trip Departure Time: _____ Field Trip Return Time: _____
(after 9:15 am) (before 2:15 pm)

Bus Request Time: _____

Cost per Student to Parent _____

Cost to Board of Education: Trip ___ \$ _____ Tolls ___ OT ___
(check all that apply)

Educational Purpose/Goal of the Trip? _____

How will the achievement of the goal be measured? _____

Number of Vehicles Requested: _____ Number of Students: _____
(Bus accommodate 54 passengers)

Number of Staff: _____ Number of Chaperones: _____

List Names of Staff & Chaperones attending Field Trip: _____

Principal's Approval _____ Date _____

Superintendent's Approval _____ Date _____

Board of Education Approval _____ Date _____

Bus Driver Assigned: _____