

EAST RUTHERFORD SCHOOL DISTRICT

100 Uhland Street
East Rutherford, New Jersey 07073
201-804-3100

Transportation Request Form

**Request for fieldtrip must be submitted prior to the monthly BOE meeting for approval.*

Date of Request: _____ Requested by: _____

Enter below all fields applicable:

Purpose of request - Fieldtrip: _____ Student Transportation: _____

Grade(s): _____ Group: _____ Student's Name: _____

Location of Pick-up: _____ McKenzie _____ Faust _____ Home

Pick-up Address: _____ City: _____ Zip code: _____

Destination Name: _____ Address: _____

City: _____ Zip code: _____

Date(s) Transportation to Begin: _____

Date(s) Transportation to End: _____

Departure Time: _____ Return Time: _____
(fieldtrips begin after 9:00 am run) (fieldtrips must return before 2:10 pm)

Rain date for Fieldtrip if available: _____

Cost to student/parent for Fieldtrip: _____ Cost to Board of Education for Fieldtrip: _____

Purpose of the Transportation Request: _____

Number of Vehicles Requested: _____ Vehicle Requested: _____ Number of Students: _____
(Large Bus accommodates 54 passengers) (Small Bus accommodates 16 passengers) (Minivan accommodates 4)

Number of Students: _____ Number of Staff: _____ Number of Chaperones: _____

Special Instructions or notes: _____

Administrator's Approval _____ Date _____

Fieldtrip to be placed on Board Agenda _____
(date)