



Parsippany-Troy Hills School District Transportation Department

Fax: 973-263-7034

Field Trips Request for Transportation

Contact Name & School: _____

Phone Number & Extension: _____

Faculty Member In Charge: _____

Phone Number & Extension: _____

Date of Trip: _____ Day of the Week: _____

MM/DD/YY

Pick-up Location: _____

Name and address

Destination(s): _____

Name (s) and address (es)

Time Trip Leaves School: _____ Arrival Time at Destination: _____

Time Trip Leaves Destination: _____ Arrival Time Back at School: _____

Time Trip Leaves Destination and Time Arrives Back at the School MUST Be Adhered To

Number of Students to be transported: _____ Number of Chaperons to Be Transported: _____

Reason for Request (Be Specific): _____

Principal's Signature: _____

For Transportation Department Use only

Transportation to be Supplied By:

_____ Board Bus (s)...Cost per bus: _____

_____ Board Van (s)...Cost per van: _____

_____ No Board Vehicle Available

_____ Contracted School Bus (s)Cost per Bus _____

_____ Contracted School Van (s).....Cost per Van _____

_____ Contracted Motorcoach (s).....Cost per Bus _____

All tolls and parking fees are to be paid by the group hiring the bus(s).

Approved By: _____

Date Approved: _____

_____ No Contracted Bus Available

Name of Contractor: _____