

Request must be  
approved ONE WEEK  
Prior to Date of Trip

LITTLE FALLS SCHOOL DISTRICT  
Little Falls, New York

Remember your  
Budget Allocation

TRANSPORTATION - FIELD TRIP REQUEST

Today's Date: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

1. Places to be visited:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

2. Address Location: \_\_\_\_\_

Total Miles Round Trip: \_\_\_\_\_

3. Timing:

Departure from Location: \_\_\_\_\_ Leave Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Return from Location: \_\_\_\_\_ Leave Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

4. Grade Level(s): \_\_\_\_\_ # of Students: \_\_\_\_\_ # of Adults: \_\_\_\_\_

Nurse Required: \_\_\_\_\_

5. Chaperone(s) Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

6. Transportation Type and # of Vehicles

Bus: \_\_\_\_\_ Van: \_\_\_\_\_

Person Making Request: \_\_\_\_\_ Date: \_\_\_\_\_

Review by Chairman/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_ Date: \_\_\_\_\_