

# COHOES CITY SCHOOL DISTRICT

## FIELD TRIP & TRANSPORTATION REQUEST FORM

Date of request \_\_\_\_\_ Number of buses requested \_\_\_\_\_

Date of trip \_\_\_\_\_ Time leaving school \_\_\_\_\_

School building making request \_\_\_\_\_ Time returning to school \_\_\_\_\_

Name of group or class \_\_\_\_\_ Number in group \_\_\_\_\_

Group or class supervisor \_\_\_\_\_ Phone number \_\_\_\_\_

Destination \_\_\_\_\_

Purpose of trip:

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### Information Requested by the Business Office

If district funded – budget code \_\_\_\_\_

If not district funded – group to be billed \_\_\_\_\_ Estimated cost \_\_\_\_\_

### 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? (Please describe the purpose of the expense and the amount)

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

### Routing For Trip Request Approval

Building Principal \_\_\_\_\_ Date approved \_\_\_\_\_ Date disapproved \_\_\_\_\_

Assistant Superintendent \_\_\_\_\_ Date approved \_\_\_\_\_ Date disapproved \_\_\_\_\_

**Please email the approved request form to Pam Cirincione, District Treasurer [pcirinci@cohoes.org](mailto:pcirinci@cohoes.org).**

**Please cc: Megan Bennett, [mbennett@cohoes.org](mailto:mbennett@cohoes.org) and print a copy for your records.**

**Please note: The bus company requires a minimum 5-day notice**