



Regional Transportation Program  
Colin Drive Instructional Support Center  
90-9B Colin Drive  
Holbrook NY 11741  
Phone (631)472-6480 Fax (631)472-8798

**TRANSPORTATION – FIELD TRIP**

Please PRINT CLEARLY

School District: \_\_\_\_\_

Requested By: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**TRIP INFORMATION**

Date(s) of Trip: \_\_\_\_\_ Coach Bus: \_\_\_\_\_ School Bus: \_\_\_\_\_ Van: \_\_\_\_\_

Teacher on Trip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# of Adults: \_\_\_\_\_ # of Students: \_\_\_\_\_

Are buses to remain at site? \_\_\_\_\_

Special Requirements: \_\_\_\_\_

**Depart:**

Pick-Up Point: \_\_\_\_\_

Address: \_\_\_\_\_

Date & Time: \_\_\_\_\_

**Destination:**

Transport to: \_\_\_\_\_

Address: \_\_\_\_\_

Departure time from destination: \_\_\_\_\_ Return time to school: \_\_\_\_\_

**\* If Overnight:**

Are buses to remain at site? Yes \_\_\_\_\_ No \_\_\_\_\_ (\*If yes, must have accommodations for driver(s))

Hotel Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*If Yes, please send/fax itinerary at least two weeks prior to departure date.**

**Return:** Date: \_\_\_\_\_ Time at School: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Phone: \_\_\_\_\_