

Hampton Bays UFSD

86 Argonne Road East, Hampton Bays, NY 11946 • Tel: (631) 723-2100 • Fax: (631) 723-2109

FIELD TRIP REQUEST FORM

Building and Class: _____ Lead Staff: _____ Today's Date: _____

Date of trip: _____ Educational Purpose: _____

Is this a repeat of a previous field trip: YES NO Lead Staff Cell #: _____

Venue: _____ Venue Phone: _____

Address of Venue: _____

Depart School (time): _____ Depart Venue (time): _____

Number of Students: _____ Number of Chaperones: _____

Special accommodations, if any: _____

Circle One: NO TRANSPORTATION / MONTAUK BUS / COACH SERVICE / DISTRICT VEHICLE

If Montauk Bus is circled, the Office of School Safety & Transportation will schedule. If Coach Service, the Lead Staff will arrange.

If utilizing Coach, Name of Company: _____

Coach Contact Name / Phone: _____ / _____

If utilizing District vehicle, driver's name: _____ Driven in past? YES / NO

Cost per participant: _____ How is the cost to be covered? _____

Name and Cell #'s of ALL Chaperones (use other side if necessary)

1. <u>Principal's Action</u> ____ Approved ____ Disapproved ____ Approved with conditions Signature: _____ Date: _____	2. <u>Superintendent's Action</u> ____ Approved ____ Disapproved ____ Approved with conditions Signature: _____ Date: _____	3. <u>Transportation Office</u> TOTAL COST: _____ Number of Busses: _____ Signature: _____ Date: _____
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If an overnight trip, Board of Education approval date: _____

One-day trip requests must be received by the Superintendent at least 30 days prior to the date of the trip.

Multi-day trip requests must be received by the Superintendent at least 90 days prior to the date of the trip.

Trips scheduled to take place between May 1 and June 30 must be submitted by March 1.