

NEWFIELD CENTRAL SCHOOL DISTRICT
REQUEST FOR EXTRA-ACTIVITY TRANSPORTATION

NOTE: See policies regarding extra-activity transportation on reverse side of this form.

Date _____ Class or Organization _____

Requests transportation for (day & date) _____

to _____

purpose of trip _____

Are there costs beyond transportation associated with this trip?

YES _____ NO _____

If YES, list anticipated costs below:

AMOUNT	FOR WHAT?
\$ _____	_____
\$ _____	_____
\$ _____	_____

If there are additional costs, how will they be paid? _____

Departure time _____ Proctor _____

Time of return _____ Proctor _____

Number of students _____ Proctor _____

Signature of teacher submitting request _____

Comments: _____

Approved by: _____

Principal

Approved by: _____

Superintendent

TRANSPORTATION SECTION

Date _____ Driver _____

Bus Used _____ Miles _____