

FIELD TRIP BUS REQUEST



*DATE OF TRIP: _____

SNOW/RAIN DATE _____
(If Necessary)

PICKUP LOCATION: _____

DESTINATION: _____

NUMBER OF (STUDENTS/ADULTS) _____

NUMBER OF BUSES: _____

WILL BUS/BUSES WAIT AT DESTINATION (circle): YES OR NO

SCHOOL DEPARTURE TIME: _____ RETURN DEPARTURE TIME: _____ SCHOOL ARRIVAL TIME: _____

CONTACT PERSON/TEACHER: _____

GRADE OR GROUP: _____

DATE OF REQUEST: _____

PLEASE RETURN THIS FORM TO THE TRANSPORTATION DEPARTMENT AT THE CENTRAL OFFICE.

You will receive a confirmation for this trip. If you do not receive one within seven (7) days, please contact Deane McGoldrick at (781) 446-6210 x5614

FOR TRANSPORTATION OFFICE USE ONLY:

DATE SUBMITTED TO BUS COMPANY: _____

DATE CONFIRMATION RECEIVED: _____ CONFIRMATION/ORDER #: _____

DATE CONFIRMATION SENT TO SCHOOL/CONTACT PERSON: _____

***PLEASE USE ONE FORM FOR EACH FIELD TRIP**

WELLESLEY PUBLIC SCHOOLS
40 KINGSBURY STREET
WELLESLEY, MA 02481-4827