



BOCES
Caring. Confident. United.

Field Trip Request Form

If you have any questions concerning restrictions or requirements when filling this form out, consult the BOCES Field Trip policy and regulation, or speak with your supervisor.

Teacher Name(s): _____ School: _____

Program: _____ Level: _____

Is a substitute required to cover remaining students in class? ☐ YES ☐ NO

Date(s) of requested field trip: _____

Destination(s) (Specify destination, city, and state): _____

BOCES Pick-Up/Drop-Off Location: _____

Please check one: ☐ Day trip within New York State ☐ Overnight or outside New York State*

Educational purpose of field trip: _____

Type of transport requested:

☐ Bus # of wheelchairs/harnesses: _____

☐ DOT approved BOCES vehicle Model: _____ Vehicle #: _____

Driver's Name: _____ Driver's License #: _____

(Driver may be subject to motor vehicle abstract record review)

Total mileage: _____

Number of: _____ students _____ staff _____ chaperones (non-staff members)

Names and telephone numbers for staff and chaperone(s) committed to attend:

_____	_____
_____	_____
_____	_____

Additional compensation for staff, if any: _____

ITINERARY - All transportation scheduling information must be provided (i.e., all stops, pickups, lunch breaks, airline carrier, flight or train number). When planning travel time: remember that buses cannot exceed 55 mph.

Departure location and time	Arrival location and time

Cost of trip - Price per student/staff member/bus _____ x number of each _____ = Total _____

****If payment is needed, this request form must be in 3 weeks prior to date of field trip; 4 weeks is better.**

Teacher's Signature Date Director's Signature Date

Principal's Signature Date * District Superintendent's Signature (when required) Date

Field Trip Request: ☐ Approved ☐ Denied

Additional Compensation: ☐ Approved ☐ Denied

*Subject to approval by the District Superintendent and the Board.