

**Field Trip Request Number**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 REGIONAL / LOC #    ASSIGNED #    MONTH #

**BUS ONLY REQUEST**

\_\_\_\_\_**AGENDA**  
*For SCHOOL BUSINESS ADM Use Only*

# Bus Transportation Form

**PURCHASE ORDER #:****DATE OF TRIP:****DAY OF THE WEEK:****FIELD PERSON:****TELEPHONE # FOR FIELD  
PERSON DURING TRIP:****BUS COST AND CONTRACTOR INFORMATION TO BE PROVIDED TO:**

Name:	Email: _____@nps.k12.nj.us	School Fax #
Name:	Email: _____@nps.k12.nj.us	School Fax #

FIELD TRIP DESTINATION:	Essex County Vocational Tech. Schools		
ADDRESS:	CITY:	STATE:	
PICK UP FROM: West Side Campus (Newark Early College and Newark Vocational), 403 South Orange Ave, NJ 07103			
SPECIAL INSTRUCTIONS OR ACCOMMODATIONS (IF ANY):			

Departure Time from School / Location:		
Departure Time from Trip Location:		
Number of Students Attending:		
Number of Employees and Chaperones Attending:		
<b>TOTAL NUMBER OF PEOPLE:</b>		
Type of Vehicle:	Holds 45-50 passengers	# of Vehicle (s):
Type of Vehicle: <b>SMALL SCHOOL BUS</b>	Holds UP to 10 passengers	# of Vehicle (s):
Type of Vehicle:	<b>AUTHORIZATION NEEDED</b>	# of Vehicle (s):

Approved: \_\_\_\_\_ Principal / Vice Principal

Approved: \_\_\_\_\_ Regional Superintendent or Designee

***For SBA's Office Use Only***

THE ORIGINAL WAS HAND DELIVERED TO  
 THE OFFICE OF PUPIL TRANSPORTATION ON

\_\_\_\_\_

***For SBA's Office Use Only******PO ISSUED BY:***

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