

Field Trip Request Form



Please email request to: Iturell@haverhill-ps.org

Today's Date: _____

Date of Trip: _____

Pick up Location: _____

Departure Time from Location: _____ Return Time from Location: _____

Number of Buses/Vans Needed: _____

of Walk-On Students: _____ # of Wheelchair Students: _____

Destination Name and Address: _____

Will buses/vans need to wait at destination? _____

Contact Name: _____

Contact Cell Number: _____

Comments: _____

Principal or Department Manager Approval: _____ Date: _____

5 days advance notice for all Field Trip requests is required.

Should the Haverhill Public Schools Transportation Department be unable to accommodate the field trip request, it may need to be subbed out to an approved vendor. Please note that the requesting school or department will be required to assume all costs associated with the transportation.

Haverhill Public Schools Transportation will provide a list of approved vendors upon request.

For Office Use Only:

Date Received: _____

Estimated Hours: _____

Trip Confirmed: _____

Date: _____