



Oradell Public School District

Our children, our hope, our future

FIELD TRIP REQUEST FORM

Teacher Name: _____ Date of Request: _____ Grade: _____

Number of Students: _____ Number of Staff Chaperones: _____ Number of Parents: _____

Destination: _____ Trip Date: _____

Educational Value to Students/Programs: _____

Nurse Notified: Yes ___ No ___ Nurse Needed: Yes ___ No ___

Type of Bus: Coach ___ School Bus ___ Time Needed at OPS: _____

Departure Time From Destination: _____ Return Time to OPS: _____

Number of Buses Needed: _____ (School bus sits 54 and coach bus sits about 50)

Admission Cost: _____ Bus Cost: _____ Other Cost: _____ Total Cost Per Student: _____

Faculty Member Attending	Cell Phone Number

Administrative Review:

___ Recommended ___ Not Recommended _____ Date: _____

(Principal)

___ Approved ___ Not Approved _____ Date: _____

(Superintendent)

___ Approved ___ Not Approved Oradell Board of Education Date: _____