

Andover Public Schools

Request for Field Trip Bus Transportation

Phone - 978-247-7075

E-Mail: bzackular@aps1.net

Revised 07/01/2022

Approved by Building Principal

(Required)

Nurse Needed

yes

no

if yes date Director of Nursing notified

Date Requested for Bus: _____

Number of Buses:

Number of Passengers:

Children - 72 per bus (3 to a seat)

Adults - 51 per bus (2 to a seat)

Estimated Cost:

X

X

\$

equals

\$

Cost of Trip

Buses

Hours

Cost/hr

Pick-up Time:

Pick-up Location:

If Specific Area, please note (ex. Campus name, out front, out back, side of building)

Return Time:

Number of Hours:

(@\$80.00 per hour)

(The time you will be back at the school)

Destination Location:

FULL Address :

Name of the requestor:

Date of request:

2 wk/min

School:

Phone:

Fax:

Cell Phone:

Email:

Responsible Party for Billing:

ie: Student Pay, PTO, etc.

P.O. #

if appropriated

Special Notes:

This form must be emailed to bzackular@aps1.net. Once the confirmation is received from NRT, a copy will be forwarded to you via email.