## SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT FIELD TRIP BUS REQUEST

(Form required **TWO WEEKS** prior to all field trips)

Participating Group/Scho	ool/Grade:		
Date of Trip:	Number of Students:	Number of Ch	aperones:
Time to leave school: Time to return to school:			
Number of <b>Massini</b> Buse (Large bus holds 47 children g	es:Large grades 4-12; Large bus holds 72 chi	Smallildren grades Pre-K-3)	Van (8 passengers)
Number of SBRSD Mars	shmallow Buses (14 passeng	ers each):	
SBRSD Van (11 passeng	gers):		
	COMPLETE and accurate it departure time from destinat	-	te desired arrival time
Curriculum Area and Sta	ndards:		
Organization/Department	Responsible for Bus Payme	nt:	
NAME OF ACCOUNT	/ACCOUNT #:		
Example: 30 miles round trip (1: 30 x \$3.67 = : 3 x \$36.66 = :	\$110.10		
Estimated Cost of Marsh Charge has been approximatel	mallow Bus Trip:y \$0.30 per mile		
Person Requesting Trip:	(signature)	Da	ate:
Business Office Approva	l:(signature)	Da	nte:

If you have any questions or need to make schedule changes, please contact Ingrid Borwick at 229-8778 x 306