



SCHOOL BUS INFORMATION FORM

Please complete this form prior to your arrival. Information should be provided for each bus transporting your students on the day of your field trip. Upon arrival, this completed form will be collected and left with one of our directors to call for prompt pickup at the end of your program.

Trip Date: _____

School Name: _____

Head Teacher Accompanying Students: _____

Head Teacher's Cellphone Number: _____

Departure Time: _____ (if you need to leave prior to 2pm)

Is a school nurse on your trip? Yes _____ No _____

Nurse's Name: _____

Nurse's Cellphone Number: _____

Bus Driver's Name: _____

Bus Driver's Cellphone Number: _____

Will your bus remain on-site/local or leave and return for pick-up?

- (Parking is free) _____ Bus will remain on-site
 _____ Bus will leave and return
 _____ Unsure

	# of students on this bus	# of chaperones on this bus	Bus Driver Name & Cellphone # if different from above.
Bus 1			
Bus 2			
Bus 3			
Bus 4			

PLEASE NOTE: Each teacher must have a roster of the students they are responsible for **in hand** in the unlikely case of an emergency.

School Phone Number (in case of emergency only): _____