

Charter/Field Trip Request Form



Date of Request: _____

Date of Charter: _____

Pickup Location: _____

Destination: _____

Number of Buses/Vans Requested: _____

Will Buses/Vans Wait at Destination? _____

School Departure Time: _____

Return Departure Time: _____

School Arrival Time: _____

Contact Person: _____

Cell #: _____

Group Name: _____

Of Riders: _____

Charge to: _____

Comments: _____

**We require 72 hours advance notice for Charter Requests.
There is a 24-hour cancellation policy to avoid charges.**

2 hr. minimum charge per trip

Please email request to: transportation@needham.k12.ma.us

This Section To Be Completed By Transportation Department

Date Received: _____ Estimated Hours: _____