

CAMBRIDGE CENTRAL SCHOOL

TRANSPORTATION REQUEST

To be made in duplicate and given to the principal

Date of field trip or contest _____

Grades involved _____

Teacher in charge _____

Number of pupils _____

Number of adults _____

Total number going _____

Destination _____

Time of departure from school _____

Estimated time of return to school _____

Purpose of trip _____

Signature of Principal

Date

Approval of Transportation Superv.

Approval of Superintendent

Request denied:

Denied by: _____