

Essex Regional Educational Services Commission

333 Fairfield Road, Fairfield, NJ 07004

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Orange Public Schools Field Trip Request Form

Trip should be billed to (Name of School): _____

Contact Person: _____ Phone # _____ Fax # _____

Date of trip: _____

Number of Students: _____ Number of Adults: _____ Total Passengers: _____

Date of Trip: _____ Departure Time Trip Location _____

Return Time School Location _____

Bus Size Request: _____

Type of Trip:

Field Trip _____ Athletic Trip _____ (Type of Sport): _____

Departing From: _____

Address: _____

City/State: _____

Destination: _____

Address: _____

City/State: _____

Number of Vehicles: _____ Coach: _____ School Bus: _____

Authorizing Signature (School): _____

To Be Completed by Essex Regional Educational Services Commission: Confirmation Info:

Cost Per Vehicle: _____ 4% Admin Fee: _____

Show/No Go Rate: _____

Total Cost Per Vehicle: _____ Number of Vehicles: _____

Total Cost: _____