



HARFORD COUNTY PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT
CHARTERED FIELD TRIP FORM
(Trips not scheduled through HCPS Transportation Department)

SCHOOL NAME: _____

DATE OF TRIP: _____

DEPARTURE TIME: _____

RETURN TIME: _____

DESTINATION: _____

GRADE OR SUBJECT: _____

CHARTER BUS COMPANY NAME:

CHARTER BUS COMPANY PHONE NUMBER:

CERTIFICATE OF INSURANCE yes _____

no _____

08/13