

**HASLETT PUBLIC SCHOOLS  
REQUEST FOR BUS TRANSPORTATION**



Date \_\_\_\_\_

**Three (3) copies must accompany this form plus one extra copy for each additional bus needed.**

This request must be filed with the transportation department two weeks prior to departure. Buses are available on school days from 8:30 a.m. to 2:00 p.m. Exceptions will be made upon request whenever possible.

DATE OF TRIP	DESTINATION
PLACE OF DEPARTURE	NUMBER OF STUDENTS & ADULTS
TIME OF DEPARTURE	ESTIMATED ROUND TRIP MILEAGE
RETURN PICK-UP TIME	TIME OF RETURN TO SCHOOL

Purpose of trip \_\_\_\_\_

Is bus required to stay at destination? \_\_\_\_\_ Yes \_\_\_\_\_ No

SIGNATURE OF TEACHER MAKING REQUEST	TEACHER(S) NAMES PARTICIPATING IN TRIP
(Teacher signature indicates that parental approval will be on file for each student taking the trip prior to departure date.)	

APPROVAL OF PRINCIPAL	DATE	ACCOUNT #
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**TO BE COMPLETED BY BUS DRIVER:**

Starting time _____	Time of arrival _____
Time of departure _____	Trip ending time _____
Reg Rt _____ Charter Rt _____ Overtime _____	Total hours: _____
End mileage: _____	Bus number: _____
Beginning mileage: _____	
Total mileage: _____	Driver's signature _____

**TO BE COMPLETED BY BUSINESS OFFICE:**

Total driver's hours \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_

Total miles \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_