



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

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Destination

Teacher(s) names participating in trip

Place of Departure

Number of Students and 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

Date:

Signature of Teacher Making Request

(Teacher signature indicates that parental approval will be on file for each student taking the trip prior to departure date.)

Date:

Approval of Principal

Account #:

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: _____

Beginning Mileage: _____

Bus number: _____

Total Mileage: _____

Driver's signature _____

TO BE COMPLETED BY BUSINESS OFFICE:

Total driver's hours: _____ @ _____ = _____

Total miles _____ @ _____ = _____

TOTAL AMOUNT DUE: _____