

(SCHOOL DISTRICT)
(City, State)

BUS TRANSPORTATION REQUEST

DATE REQUEST WAS SUBMITTED: _____ (NOTE: *Request must be made five (5) days prior to trip.*)

DATE OF TRIP: _____

DEPARTURE TIME: _____ EXPECTED RETURN TIME: _____

Do you desire the driver to stay with your group or return to E.R/ and pick up group later (*mileage is \$1.75 per mile*). Stay with group _____ Return & pick up later _____

Would you like the driver for an extra chaperone: _____ Yes _____ No

NAME OF ORGANIZATION OR INDIVIDUAL: _____

NAME OF PERSON MAKING REQUEST: _____

ADDRESS: _____

HOME PHONE: _____ OFFICE PHONE: _____

NAME OF PERSON/GROUP (*to be billed for cost of trip*): _____

ADDRESS: _____

HOME PHONE: _____ OFFICE PHONE: _____

PASSENGER LOADING LOCATION: _____

NUMBER OF BUSES REQUESTED: _____

All requests for bus transportation shall have a scheduled adult chaperone for each bus requested before the request is approved

NAME OF CHAPERONE: _____

It shall be the responsibility of the individual or group making the request for transportation to provide directions to the destination and to also know where the bus may be parked upon arrival. This information, along with a list of passengers riding the bus/buses, will be given to the bus driver before departure.

DESTINATION (*include directions and location where bus may be parked*):

_____ (If additional space is needed to complete directions, please continue on back of this form.)

PRINCIPAL'S APPROVAL: _____

TRANSPORTATION DEPARTMENT APPROVAL: _____

DATE TRIP POSTED: _____ DRIVER ASSIGNED: _____