

## BUS REQUEST FOR SCHOOL TRIPS

Name of Group/Class \_\_\_\_\_ Person Requesting Trip \_\_\_\_\_ Building \_\_\_\_\_ Date Submitted \_\_\_\_\_  
(must be 7 days advance notice)

Activity Account No. (If applicable) \_\_\_\_\_

Number of buses needed \_\_\_\_\_

Building or Place of Pick Up of Students \_\_\_\_\_

Number of students \_\_\_\_\_

Number of teachers \_\_\_\_\_

Number of chaperones \_\_\_\_\_

Maximum Number of Pupils Per Bus	
Grades K-3	49
Grades 4-8	47
Grades 9-12	41

Date of Trip \_\_\_\_\_ Destination of Trip \_\_\_\_\_

Departure Time \_\_\_\_\_  
(not before 9:00 A.M.)

Return Time \_\_\_\_\_  
(Not later than 2:00 P.M.)

Stop to Eat: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

WHERE \_\_\_\_\_

Goals of Trip (Use back if more space is needed)

- 1.
- 2.
- 3.

How Do You Plan to Follow Up in the Classroom? (Use back if more Space is needed)

Have you reviewed the "Guidelines for All Trips – Field/Athletic? \_\_\_\_\_ Will You be responsible to see these guidelines are followed? \_\_\_\_\_

How will the trip be financed? \_\_\_\_\_

Signature of employee who will supervise on bus: \_\_\_\_\_

Signature of the Principal / Athletic Director: \_\_\_\_\_

**\*I have my own Driver** Print Drivers Name: \_\_\_\_\_

(TO BE COMPLETED BY THE DISTRICT OFFICE)

Date Request Received \_\_\_\_\_

Superintendent's Approval \_\_\_\_\_

Trip to be Paid By \_\_\_\_\_

Price of Fuel per Gallon \$ \_\_\_\_\_ X Miles \_\_\_\_\_ = Total \$ \_\_\_\_\_

Driver Rate \$ \_\_\_\_\_ X Miles \_\_\_\_\_ = Total \$ \_\_\_\_\_

Mileage Cost \$ \_\_\_\_\_ X Miles \_\_\_\_\_ = Total \$ \_\_\_\_\_

Requisition Number \_\_\_\_\_

(TO BE COMPLETED BY DRIVER)

Bus No. \_\_\_\_\_

I.D. \_\_\_\_\_

Mileage: Start \_\_\_\_\_

Return \_\_\_\_\_

Total \_\_\_\_\_

Time: Start \_\_\_\_\_

Return \_\_\_\_\_

Total \_\_\_\_\_

Any Problems? No \_\_\_\_\_ Yes \_\_\_\_\_

COMMENTS: (Use back if more space is needed)

Signature of Driver \_\_\_\_\_

Print Name of Driver \_\_\_\_\_