

ST. CLAIR COUNTY BOARD OF EDUCATION
EXTRACURRICULAR BUS TRIP SCHEDULE/PERMISSION FORM
TRANSPORTATION DEPARTMENT – PHONE (205) 629-6255 – FAX (205) 629-7068

This form **MUST BE** completed for ALL Field Trips, Sport Events, Band Trips, etc. that will require use of a school bus. Each form must be completed in detail, be approved by the principal, and have map quest attached.

PLEASE fax your request to the Transportation Department prior to date of trip to provide ample time for approval and return. Upon faxing a request, please call 629-6255 to confirm that your request was received.

NOTE: In the event of a cancellation, it is the responsibility of the Contact Teacher to advise (within a reasonable time frame) the Transportation Department of the cancellation. Please send cancellation request via email to delores.smith@sccboe.org

DATE OF REQUEST _____ DATE(S) OF TRIP (If multiple, please submit separate request for each date): _____

SCHOOL (Circle Appropriate) AES AMS AHS A-ME ECT MES MMS MJrH MHS RYA OES OIS OMS SCCHS RAG SES SMS SHS STEELE

CONTACT TEACHER: _____ CONTACT NUMBER: _____ PLANNING PERIOD: _____

TEACHER(S) ATTENDING: _____ Activity # (for Bookkeeper): _____

NUMBER SCHEDULED TO ATTEND: Students _____ Teachers/Admin _____ Chaperones _____

NUMBER OF BUSES NEEDED: _____ Special Requirements Needed (if any): _____

NUMBER OF MILES FROM SCHOOL TO DESTINATION PER ATTACHED MAP QUEST: _____

DESTINATION: _____

BUS DRIVER(S) FOR TRIP: _____

APPROXIMATE TIME BUS IS SCHEDULED TO LEAVE: _____ RETURN: _____

NUMBER OF FIELD TRIPS TAKEN BY THIS CLASS FOR THE CURRENT SCHOOL YEAR: _____

OBJECTIVES OF TRIP: _____

ITINERARY: _____

A LIST OF STUDENTS/ADULTS ON EACH BUS MUST BE ON FILE IN THE PRINCIPAL'S OFFICE PRIOR TO DEPARTURE

APPROVAL:

PRINCIPAL _____ DATE: _____

TRANSPORTATION DIRECTOR _____ DATE: _____

SUPERINTENDENT (Required for ANY out-of-state trips) _____ DATE: _____

TO BE COMPLETED BY THE TRANSPORTATION DEPARTMENT:

BUS (ES) ASSIGNED: _____

Date request was received: _____ Date assigned and returned to school: _____

Trip cancelled (via email) per: _____ Date of cancellation: _____