



Request for Transportation

Teacher/sponsor: _____ Date of Application: _____

School: _____ Grade Level/Group: _____

Day of Trip: _____ Date of Trip: _____ / _____ / _____
 (Day of week) Month Date Year

Destination (Name of venue and location): _____

Time Leaving (after 8:30am/after 5:00pm): _____

Time Returning (before 2:30pm): _____

Departing from: _____ Returning to: _____
 (bus loading area, gym, track, tennis courts, front of school, playground, etc.)

Total number of passengers: _____ Number of buses: _____

- Elementary IN-COUNTY field trips will require one (1) bus for every sixty (60) students and staff members assigned to a bus. For OUT-OF-COUNTY trips, one (1) bus for every fifty (50) elementary students and staff members assigned to a bus.
- ALL Middle and High School field trips requests will require one (1) bus for every fifty (50) students and staff members assigned to a bus.

List purpose for the trip: _____

Number of sack lunches requested: _____

A copy of this form must be sent to the cafeteria manager at least ten (10) school days PRIOR to the event. If the trip request is not approved then let the cafeteria manager know immediately!

Principal's Approval _____ Date _____

Transportation Supervisor _____ Date _____

Driver Assigned: _____

Date: _____

Odometer Readings:

Beginning: _____ Ending: _____

Total Miles: _____ x \$2.00 = \$ _____

Driver's Time:

Beginning: _____ Ending: _____

Total Time: _____ x \$8.00 = \$ _____
 Overnight trips (maximum of 12 hrs/day)
 Total cost per trip = \$ _____
 Overnight stay = \$ 25.00 stipend

Billed to School: _____

Paid: _____

White: Transportation Office

Yellow: School Copy

Pink: Driver Copy