

Bus Request Form
Transportation Department fax# 251-275-3341
Clarke County Board Of Education

Revised July, 2014

School: _____ Phone: _____

Person Requesting Bus: _____ Phone: _____

Date of Trip: _____ Requested Bus Driver: _____

Destination: _____

Address: _____

Purpose of Trip: _____

Number of students: _____

Sponsors: _____

Approx. Departing Time: _____ Approx. Return Time _____

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Principal's Approval: _____

Transportation Director's Approval _____

Approval by the Transportation Director is pending the securing of the Driver's Substitute. Assigned Driver: _____

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To Be Completed At The End OF Each Trip

Signature of Driver: _____

Beginning of Trip Time: _____ Returning Trip Time: _____

Total Hours Worked: _____ 1.5 hours will be deducted if the Driver missed his/her morning or evening route. 1 Hour will be added if the driver has to clean the bus after any trip.

By signing this form, I am agreeing that this bus has been returned and Route Ready. I am verifying the hours used for this trip are accurate.

Signature of Teacher or Coach: _____

Trip Tickets must be turned into the Transportation Office NO LATER than 48 Hours after the trip.