

HABERSHAM COUNTY SCHOOL DISTRICT

Request for School Bus

IMPORTANT: This form must be submitted to the Transportation Office at least 45 days prior to the date of the trip. No trips will be scheduled during the first two weeks or last two weeks of school. SCHOOL: _____ TRIP DATE(S): _____ TEACHER(S)/CLASS: GRADE(S): # OF STUDENTS: _____ # OF ADULTS: ____ # OF BUSES REQUESTED: _____ PURPOSE OF TRIP: DESTINATION: DESTINATION ADDRESS: CITY: _____ STATE: ____ CONTACT PHONE: ____ DEPART FROM LOCATION (SCHOOL): DATE/TIME OF DEPARTURE: _____ DATE/TIME OF RETURN: I certify that a complete roster of all students and adults on each bus will be submitted to the school/group office before bus(es) depart from the school campus. One copy of this roster shall be in the possession of an adult school/group employee making this trip. I further certify that a Project Request form has been completed for this trip and is attached. *Please Initial:* Will meals be furnished to each of the bus drivers making this trip? Yes No N/A Signature of Principal Date Submitted Notes: No bus trips shall be made without prior approval of Transportation Director, Superintendent, or Board of Education as applicable. No unauthorized stops allowed. School/Group is responsible for directions to destination, parking and parking fees. School/Group agrees to reimburse system for each bus as per Habersham County Schools Field Trip Procedure guidelines. Transportation Director will send applicable invoices to school/group after completion of payroll period. After School Programs will be invoiced twice per vear, December and June. Reimbursement rates are \$1.50 per mile for each bus and \$12.00 per hour, minimum of two hours, for each field trip driver. APPROVED _____ DENIED _____ INVOICE # & DATE _____ **Authorized Signature** Date of Approval/Denial DRIVER(S) ASSIGNED: