BUS REQUEST FORM

School Making Request	_ Request Date:
Destination:	
Date of Trip: Time Frame:	to
Number & Type Bus Needed: [] School #	[] Activity # [] Other
Number of Bus Drivers Needed: Teacher R	equesting:
Number of Students: Number of	Chaperones:
Lunch Plans: bag lunch or rest	aurant
(Submit to Area Bus Supervisor)	
-	Principal's Signature

Date Request Received:	
Buses available on date requested: Yes	No
Driver(s) assigned (if applicable)	
Date returned to principal:	
(Maintain original and return 2nd copy to principal)	Bus Supervisor Signature
/	

NOTE: Bus requests should be submitted to area bus supervisor as far in advance as possible - but no later than two weeks before the requested date.