

PICKENS COUNTY SCHOOLS
FIELD TRIPS REQUEST
BUS REQUEST AND DRIVER'S REPORT

Permit Number _____

Each request per bus must be received in the office of the Superintendent at least **five (5)** days before the date of the trip. No trip is to be made without an approved request form bearing the signatures of the principal, superintendent, transportation supervisor and mechanic. Mail check for total due with monthly payroll to central office and send statement to Bus Shop.

This form is to be completed whether or not a school bus is used for transportation.

DATE OF REQUEST _____ SCHOOL _____ Funding if Different: _____

Date of Trip _____ Time of Trip: (DEPART) _____ (RETURN) _____

Name(s) of Certified Sponsor _____

Destination _____

Connection to Curriculum _____

Means of Transportation: School Bus or Charter Bus Service (Please circle one)

Name of Driver or Charter Bus Service _____ # of Students _____

Students Away During Lunch ___ Yes ___ No Sack Lunches Requested ___ Yes ___ No

Signatures:

Date Approved _____ Principal _____

Date Approved _____ Central Office _____

Date Approved _____ Transportation _____

Date Inspected _____ Mechanic _____

Bus to Be Used _____

To be Completed by Driver:

Beginning Time: _____ Ending Time: _____ Total Time Spent: _____

Beginning Mileage: _____ Ending Mileage: _____ Total Mileage: _____

Bus	Odometer	Diesel	Oil	Cost	Amount

Driver to be Paid: _____

YES NO

(If no – waiver form must be attached)

Driver's Signature