

[Please fax all bus permit requests to Central Office at 662.887.5501]

SUNFLOWER COUNTY SCHOOL DISTRICT

REQUEST TO USE SCHOOL BUS FOR ACTIVITY TRIP

5 SCHOOL DAYS IN ADVANCE OF TRIP

PURPOSE OF TRIP _____

NAME OF DRIVER _____ NUMBER OF BUS _____

NAME OF DRIVER _____ NUMBER OF BUS _____

DESTINATION _____

Physical Address of Destination (Required)

NUMBER OF STUDENTS TO BE TRANSPORTED _____

NAME (s) OF SUPERVISING FACULTY MEMBER:

1) _____ 5) _____

2) _____ 6) _____

3) _____ 7) _____

4) _____ 8) _____

TIME OF DEPARTURE _____ DATE OF DEPARTURE _____

ROUTE TO BE FOLLOWED _____

TIME OF RETURN _____ DATE OF RETURN _____

REQUESTED BY _____

(SIGNATURE OF REQUESTEE)

REQUESTED BY _____

(PRINCIPAL'S APPROVAL)

REQUESTED BY _____

(BUS TRANSPORTATION DIRECTOR'S APPROVAL)

SCHOOL _____

DATE _____

Approved

Denied

Superintendent's Signature