

West Jefferson School District #253

BUS REQUEST

(Please Submit 5 days prior)

EDUCATIONAL FIELD TRIP ACTIVITY TRIP

1. Requesting School: _____ Date Submitted: _____
 Grade/Class/Group: _____
 Teacher/Advisor(s): _____
 Number of persons needing transportation: Students: _____ Adults: _____ Total: _____
 Purpose: _____

(Complete A & B for field trips)

A. Objective: _____

B. This trip will enhance the objective by: _____

2. Date Bus is Requested for: _____
 Loading point (where bus is to start): _____ Time: _____
 1st Destination: _____ Miles: _____ Arrive Time: _____
 2nd Destination: _____ Miles: _____ Arrive Time: _____
 3rd Destination: _____ Miles: _____ Arrive Time: _____
 4th Destination: _____ Miles: _____ Arrive Time: _____
 Return to: _____ Miles: _____ Arrive Time: _____
 Total scheduled bus time (going, staying, and returning): _____

3. Faculty/Supervisors _____

Approved _____
(Signature of Principal)

DISTRICT OFFICE USE: _____ Date Received _____
Approved Not Approved

(Signature of Superintendent)

TRANSPORTATION DEPARTMENT USE:
 Driver(s) Assigned: _____ Bus #: _____
 Driver(s) Assigned: _____ Bus #: _____
 Driver(s) Assigned: _____ Bus #: _____

(Signature of Transportation Supervisor)