

DBR# _____

Gone During School Lunch? Yes No

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: _____
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 By District _____

Not Approved Approved _____
(Signature of Superintendent)

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

(Signature of Transportation Supervisor)