

DISTRICT BUS REQUEST FOR USE

REQUEST DATE: _____

TRIP DATE: _____

SCHOOL / DEPARTMENT: _____

BOARD APPROVED (**CIRCLE ONE**) YES NO

IF YES – PROVIDE APPROVAL DATE: _____ TRIP NUMBER: _____

NUMBER OF STUDENTS: _____

DESCRIBE ANY EXTRA EQUIPMENT, SUPPLIES, OR PROJECT DISPLAYS TO BE TRANSPORTED ON THE BUS:

PICK UP LOCATION: _____

PICK UP TIME: _____

DESTINATION (PROVIDE EXACT FULL ADDRESS): _____

PICK UP RETURN TIME (AT EVENT): _____

ANTICIPATED TIME BACK AT SCHOOL: _____

PRINCIPAL SIGNATURE: _____

BOARD OFFICE USE ONLY	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
_____ BUSINESS ADMINISTRATIVE SIGNATURE	