

STUDENT TRANSPORTATION SERVICES
(Activity Trip Bus Request)

Sponsor: Please complete this form and return it to the Transportation Office to request buses for activity trips. Use one (1) form for each bus needed. All bus requests must be in the Transportation Office no later than five (5) days prior to trip departure. This is absolutely necessary for us to guarantee a bus for the activity.

Activity: _____ Trip Date: _____

Destination: _____ Sponsor: _____

Principal Signature: _____ Date: _____

Principal's Rating: Critical _____ Enrichment _____ Fun _____

(Where) **Trip Itinerary** (When)

Depart From: _____ Time: _____

Arrive: _____ Time: _____

Depart From: _____ Time: _____

Arrive: _____ Time: _____

Depart From: _____ Time: _____

Arrive Home: _____ Time: _____

Any special instruction: _____

of Students _____ # of Sponsors per Bus _____ Total Being Transported: _____

Driver: Please complete entire form and return to Transportation Office after trip.

Driver: _____ Bus # _____

Gasoline Used: _____ Mileage on Return to School: _____

Other Expenses: _____ Mileage on Leaving School: _____

Meals: _____ **Total Mileage:** _____

Drive Time: _____ Time on Leaving School: _____

Arrival/Pretrip: _____ Time Regular Route Ends: _____

Sit Time: _____ Time on Return to School: _____

Total Time: _____

Driver Signature: _____

FILE: EEA-AF1
Critical

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 09/25/2001

Revised: 06/12/2006

Clinton School District #124, Clinton, Missouri