



Student Activity Bus Transportation Request

TO BE COMPLETED BY TEACHER/COACH

Type of Activity _____ Date of Trip _____

Name of School _____ Requested By _____

Destination of Activity _____ # of Passengers _____

Address of Activity _____

Departure Time _____ AM ___ / PM ___ Return Time _____ AM ___ / PM ___

Overnight: YES ___ / NO ___ # of Nights _____ Wheelchair Lift: YES ___ / NO ___

Teacher/Coach Signature _____ Date _____ 20__

Principal Signature _____ Date _____ 20__

~ Seatbelts required for all special need and pre-k students~

(# of Passengers required for transportation to determine the # of buses needed)

Activity buses are 46 passenger buses

Scheduling Process

1. Email completed form to Transportation Department to confirm availability of date requested. (**4-6 weeks in advance recommended**)
2. Transportation Department will email this form back to Office Manager/Athletics Dept.
3. If approved, office manager then creates Internal Requisition.
4. Office manager / Athletic Dept. then submits this form along with field trip request form along with field trip request form to Superintendents office for final approval.
5. A bus will not be sent out until a signed and approved purchase order is received by the Transportation Department.
6. Please follow-up with Transportation at least one week prior to departure date.
7. If trip needs to be cancelled, transportation must be notified at least 24 hrs. prior to schedule departure. Failure to notify Transportation Department will result in a \$45.00 show up fee. *No fee will be charged when cancellation is due to inclement weather.
8. **Only students and staff are allowed.** Due to insurance purposes **we cannot transport parents / guardians or volunteer coach / parents.**

Bus Available on Request

Yes _____ No _____

Transportation Signature Date _____