

REQUEST FOR PERMISSION TO MAKE SPECIAL BUS TRIP

Name Of School _____

Group _____
(Grade, Club, Etc.)

Number of Children _____
(Total number of passengers cannot exceed capacity of bus)

Date of Proposed Trip _____

Destination _____

Departure Time _____ Return Time _____

How many buses are needed? _____

If you have a request for a special driver, please put name or names below. If no request is made a driver will be assigned by the system. The Central Office will secure a driver based upon your request to the fullest extent possible.

1. _____ 2. _____

Will you need sack lunches from the school cafeteria? _____

Sponsoring teachers or chaperones _____

Will permission be secured from all parents? _____

Date Submitted to Superintendent's Office _____

Signature of Sponsoring Teacher

Approval Signature of the Principal

This request must be submitted to the office of the Superintendent at least 5 School days prior to the date of the requested field trip. In many instances, more time than 5 School days should be given so that alternate plans can be made if trip is not approved or a bus or driver is not available. A copy of the signed approval form will be sent to the school as soon as possible after submission.

DATE FINAL APPROVAL GIVEN _____

Approved, Supervisor of Transportation

Superintendent of Schools or Designee

