

BUS REQUEST FORM

Name of teacher requesting transportation _____

School _____

Subject Area or Grade _____

to be transported _____ # of students with wheelchairs or spec. equipment _____

Destination & Mileage Round Trip _____
Destination Mileage

Departure Time & Date _____
Time Date

Return to Litchfield by _____
Time

Place of Pick-up and Drop-off _____

Who is to pay transportation costs? _____

Classification: Circle appropriate number.

1. **Field Trip**, on school time (8:30 a.m. to 2:30 p.m.), planned as integral part of instructional program.

a. Related to educational program as follows: _____

2. **Excursion and/or Outing**, trip not on school time. The cost is billed to organization based on current hourly rate and current per mile gasoline charge.

Principal certifies that trip will be chaperoned by a full-time school employee and all participating students have a trip clearance approval on file signed by the students' parents.

Approved _____ Disapproved _____

Principal _____

Approved _____ Disapproved _____

Director of Transportation _____

NOTE: Only authorized students, chaperones and school employees are permitted to ride.

Assigned to _____ Bus No. _____
Bus Driver

Have lunches been ordered that need to be picked up from the cafeteria? _____ Yes _____ No