

REQUEST FOR TRANSPORTATION

Date submitted _____

Date and Time of departure _____ AM ___ PM___ To _____ AM___ PM___

Number to be Transported ____ (Please include adult and student passengers)

Our buses are considered 48 passengers, two per seat

Grades _____ School _____ Organization _____

Destination _____

Purpose of Trip _____

Requested By _____

TEACHER OR CHAPERONE: PLEASE READ AND ENFORCE

I hereby agree that I will be in complete charge of students on this bus. I am familiar with the school policy on transportation and am responsible for its administration and enforcing the following rules:

1. All passengers must obey bus rules at all times
2. Students riding home with parents must be checked out by the parents with trip shaperone
3. Students riding home with anyone other than parents must have prior approval in writing by the building principal before trip
4. I will be responsible for any trash, or equipment left in the vehicle

Teacher or Chaperones riding bus _____

Special Instructions or Remarks Concerning This Trip?

Submitters e-mail if a copy of signed request is desired _____

Please email completed form to smansfield@sd148.org **OR Click Here**

Form must be signed by Principal, Superintendent and Transportation Supervisor five days before intended trip.

Superintendent Approval _____ Date _____

Principal Cleared _____ Date _____

Transportation Supervisor Cleared _____ Date _____