

SCHOOL BUS REQUEST WORKSHEET

Fill out the following information and give it to the designated person at your school to request bus transportation for a field trip or extracurricular trip.

Type of Trip

<u>Location</u>	<u>Trip Type</u>	<u>In/Out of County</u>	<u>Duration</u>
(school) _____	<input type="checkbox"/> Educational <input type="checkbox"/> Extracurricular <input type="checkbox"/> Other <input type="checkbox"/> Recreational <input type="checkbox"/> Sports	<input type="checkbox"/> In County <input type="checkbox"/> Out of County	<input type="checkbox"/> Day <input type="checkbox"/> Extended <input type="checkbox"/> Overnight

Sponsor/Group Information

Requested By: _____

Group Name: _____

Group Contact: _____

Contact E-mail: _____

Contact Mobile Phone: _____

Trip Purpose: _____

Estimated # of Students: _____ Estimated number of Chaperones: _____ Total Participants: _____

Transportation Required

Is Transportation Required? Yes No

Type of Transportation Required: School Bus

Estimated Number of School Buses Required: _____

Volunteer Drivers Available? Yes No

Specify Any Special Needs Required: _____

Itinerary

Depart Date (MM/DD/YY) _____

Depart Time (HH:MM AM/PM) _____

Return Date: (MM/DD/YY) _____

Return Time (HH:MM AM/PM) _____

Trip Destination: _____

Destination City: _____ State: _____

Destination Contact Name: _____

Destination Phone Number: _____

Departure Location: _____

Return Location: _____

Additional Comments: _____

Source of Funding for Bus(es):

Fund	Function	Object	Center	Project