

## REQUEST FOR SPECIAL BUS USE

BUSES NEEDED \_\_\_\_\_ TRIP # \_\_\_\_\_

DATE REQUEST MADE \_\_\_\_\_ DATE OF TRIP \_\_\_\_\_

NAME OF CLASS OR GROUP TO MAKE TRIP \_\_\_\_\_

DESTINATION OF TRIP \_\_\_\_\_

TIME OF DEPARTURE \_\_\_\_\_ ESTIMATED TIME OF RETURN \_\_\_\_\_

NUMBER TO MAKE TRIP \_\_\_\_\_ DISTANCE ROUND TRIP PER BUS \_\_\_\_\_

GIVE NAMES OF PEOPLE RESPONSIBLE FOR THE SUPERVISION OF THE TRIP: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SCHOOL

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL

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### AUTHORIZATION

THIS REQUEST IS: \_\_\_\_\_ GRANTED \_\_\_\_\_ DENIED

COST PER MILE ROUND TRIP: \_\_\_\_\_ NO CHARGE \_\_\_\_\_ \$1.20 PER MILE

\_\_\_\_\_  
SIGNATURE OF SUPERINTENDENT

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1. THE ORIGINAL AND 2 COPIES SHOULD BE SENT TO THE CENTRAL OFFICE AT **LEAST TWO WEEKS BEFORE BUSES ARE NEEDED**. THE CENTRAL OFFICE WILL FORWARD ONE COPY TO THE BUS SHOP, ONE COPY WILL BE SENT BACK TO THE SCHOOL AND THE ORIGINAL WILL STAY ON FILE IN THE CENTRAL OFFICE.
  2. ALL DRIVERS MUST BE CHECKED BY THE SCHOOL BUS SHOP FOR CDL AND SCHOOL BUS LICENSE.
  3. BUSES SHOULD RETURN CLEAN AND WITH NO DAMAGES.