

**Transportation Requests****STUDENT TRIP****INSTRUCTIONS:**

1. Request must be received by the Superintendent/designee at least three (3) weeks prior to the date of the trip.
2. A separate request must be submitted for each trip.
3. A copy will be returned to the requester following approval or disapproval.
4. A copy shall be sent to Director of Transportation to keep on file.

**THIS SECTION MUST BE COMPLETED BY THE TEACHER/GROUP SPONSOR AND APPROVED**

<b>SCHOOL:</b>	<b>STUDENT GROUP:</b>	<b>DATE OF TRIP:</b>
<b>DESTINATION:</b>	<b>TRIP SPONSOR:</b>	<b>DEPARTURE TIME:</b> <b>RETURN TIME:</b>
<b>TRANSPORTATION METHOD</b>		<b>PROVIDER/CARRIER:</b>
<b>NUMBER TO BE TRANSPORTED:</b>	<b>COST TO BE PAID BY:</b>	<b>DATE SUBMITTED:</b>

**COMMENTS: (DIRECTIONS OR OTHER SPECIAL INSTRUCTIONS OR NEEDS)**

☐ **APPROVED BY:**    ☐ **DISAPPROVED BY:**

**ATHLETIC DIRECTOR, AS APPROPRIATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINCIPAL/DESIGNEE, AS APPROPRIATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUPERINTENDENT/DESIGNEE AS APPROPRIATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIRECTOR OF TRANSPORTATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DRIVER COMPLETE**

Start Date/Time    /    /    :    Return Time    :

Destination Arrive Time    :    Leave Date/Time    /    /    :

Odometer Start    End

\*Passengers have received emergency evacuation instructions.

\*Chaperone has verified that all passengers are accounted for.

\*Bus fueled and cleaned upon return.

**DRIVER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**BUDGET CODE:** \_\_\_\_\_ **TOTAL MILES:** \_\_\_\_\_

**Transportation Requests****REGULAR SEASON TEAM ACTIVITIES****INSTRUCTIONS:**

1. Request must be received by the Superintendent/designee at least three (3) weeks prior to the date of the trip.
2. A single request may be submitted on an annual basis for regular season team activities, such as athletic and academic competitions, provided the activity schedule is submitted with the request.
3. A copy will be returned to the requester following approval or disapproval.
4. A copy shall be sent to Director of Transportation to keep on file.

**THIS SECTION MUST BE COMPLETED BY THE TEACHER/GROUP SPONSOR AND APPROVED**

<b>SCHOOL:</b>	<b>STUDENT GROUP:</b>	<b>SCHOOL YEAR:</b>
<b>COMPETITION LEVEL:</b>	<b>TRIP SPONSOR (COACH):</b>	
<b>TRANSPORTATION METHODS (LIST ALL APPLICABLE)</b>		
<b>NUMBER TO BE TRANSPORTED:</b>	<b>COST TO BE PAID BY:</b>	<b>DATE SUBMITTED:</b>
<b>COMMENTS: (DIRECTIONS OR OTHER SPECIAL INSTRUCTIONS OR NEEDS)</b>		

☐ **APPROVED BY:**    ☐ **DISAPPROVED BY:**

**ATHLETIC DIRECTOR, AS APPROPRIATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINCIPAL/DESIGNEE, AS APPROPRIATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUPERINTENDENT/DESIGNEE, AS APPROPRIATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RELATED PROCEDURES:**

09.36 AP.1  
09.36 AP.2  
09.36 AP.21