

STUDENTS

Vehicle School Bus Request Form

This authorization for the use of this vehicle is valid for the use of said vehicle as a "School Bus", and for no other purpose.

This section is to be completed by the Principal and forwarded to the Transportation Director.

<u>Destination</u>	<u>Date(s) of Trip</u>	<u>Group Requesting Bus</u>	<u>Purpose of Trip</u>

Faculty supervision will be provided for this trip. At least one (1) member of our faculty will ride in each bus. A copy of the list of pupils that are assigned to ride this particular bus can be uploaded below. The driver will be given a copy and the school should also keep a copy of all riders on file.

Bus Pick-up time:

Employee Signature

Bus Return Time:

Principal Signature

Account to be Charged

Supervisor Signature

An "account to be charged must be Listed for this form to be processed.

Field Trip Designee Signature

When transporting items that cannot be held in lap of students, under storage will be required to store these items.

Under storage will be required

Under storage will not be required

This section is to be completed by the Transportation Director.

Bus Number:

Driver Wage:

Driver:

Transportation Director Signature & Date

This section is to be completed by the driver and filed in the Transportation Director's office upon completion of the above trip.

Ending Odometer Reading:

Number Transported:

Beginning Odometer Reading:

Driver Signature & Date

Total Miles:

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STUDENTS

09.36 AP.212

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Vehicle Request Form

School _____ Faculty Member(s) sponsoring trip _____

Date trip was approved _____ By whom _____

Destination _____ Address _____ Phone _____

☐ Out of State☐ Out of County☐ Within County☐ Overnight (Give name, address, phone # of lodging) _____

Date(s) of Trip _____ Departure Time _____ Return Time _____

Number of Students _____ Faculty Sponsors _____ Chaperones _____ Total # of Participants _____

THE SPONSORING GROUP IS RESPONSIBLE FOR ALL TRANSPORTATION COSTS ASSOCIATED WITH THE TRIP, INCLUDING THE DRIVER'S SALARY, PLUS ANY APPLICABLE OVERTIME WAGES AND DEDUCTIONS REQUIRED BY LAW.

Charge trip expenses to:

☐ Sponsoring organization ☐ School council ☐ Board/District☐ Other (specify) _____

Mode of Transportation (CHECK ONE):

☐ District-owned school bus; number needed _____☐ District-owned vehicle, other than bus; specify _____☐ Private vehicle, if allowed by policy, specify driver(s) _____☐ Certificated common carrier; specify _____☐ Check here if luggage, equipment, projects, etc., will be transported. (Specify) __________
Faculty Sponsor's Signature Date

Bus Number(s) _____ Driver(s) Name(s) _____

Estimated Expenses: Driver(s) \$ _____ Fuel \$ _____ Mileage \$ _____

Meals, if applicable \$ _____ Lodging, if applicable \$ _____

Actual Expenses: Driver(s) \$ _____ Fuel \$ _____ Mileage \$ _____

Meals, if applicable \$ _____ Lodging, if applicable \$ _____

Driving Time _____ Layover Time _____ Actual Miles _____

Transportation Supervisor's Signature Date**RELATED PROCEDURES:**~~09.36 AP.21~~~~09.36 AP.211~~

09.36 AP.23