

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request _____ Date of Event _____
Organization _____ School _____
Number of Passengers _____

Type of Trip (Check One)

- | | | |
|--|---|---|
| <input type="checkbox"/> In-County Instructional | <input type="checkbox"/> In-County Athletic | <input type="checkbox"/> Other: (Explain In Detail) |
| <input type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic | |
| <input type="checkbox"/> Out-of-State Instructional | <input type="checkbox"/> Out-Of-State Athletic | |

Destination (Event, City, and State) _____

Planned Stops To and From _____

Departing Location _____ Date of Departure _____ Time of Departure _____

Returning Location _____ Date of Return _____ Time of Return _____

Chaperone/s _____ Chaperone's Phone # _____

Special Requests (Check One)

- | | | | |
|------------------------------|--|---|---|
| <input type="checkbox"/> Van | <input type="checkbox"/> Wheelchair Accessible | <input type="checkbox"/> Other: Monitor | <input type="checkbox"/> Other: (Explain In Detail) |
|------------------------------|--|---|---|

requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van _____ Trip Requested By _____

Organization Responsible for Payment _____

Section 2

DISTRICT USE ONLY

Approval of District Representative _____ Date: _____

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____