Bus/Van Request

Date of Request:_____

Vehicle Requested [mark one] ◯ **Bus** ◯ **Van**

Person Making Request:_____

Nature of Trip: [mark one] ◯ **athletic** ◯ **organizational mtg/contest** ◯ **field trip**

Date [s] Needed: _____

Destination: _____ **Mileage:_____**
[*round trip]*

Departure Time _____ **Est. Return Time:_____**

Number of students:_____ **No. of chaperones:_____**

A. *Field Trip Required Information:*

1. Substitute Needed [mark] ◯ *YES* ◯ *NO*

2. Attach copy of information sheet and permission slip

3. Attach the names of students attending and note "town students"

4. This trip supports/meets the following State Standards:

*a.*_____

*b.*_____

*c.*_____

*d.*_____

B. *Athletics:*

1. Athletic Director will submit one request for each team/season

a. attach one schedule

b. attach one team roster

C. *Organizations:*

1. Sponsor will attach a listing of students participating

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Date: *Approved:*

_____ *[principal]* _____

_____ *[supt]* _____

funding source:_____

Scheduled: _____ _____

transportation coordinator *date*

Vehicle Assigned:_____

routing:

teacher —principal

principal–cc: Trans Director; GS secretary

principal original –Supt

Trans Director-cc to teacher

REIMBURSABLE

NOT REIMBURSABLE