

SCHOOL	SCHOOL _____		DATE OF REQUEST _____																																																								
	ADDRESS OF SCHOOL _____		DATE OF TRIP _____																																																								
	LOCATION OF LOADING AREA _____		In signing this request I assume the responsibility that budget authority or payment is to be only from the 3 following sources (indicate source):																																																								
	TRANSPORTATION TO _____																																																										
	ADDRESS _____																																																										
	OTHER STOPS: No <input type="checkbox"/> Yes <input type="checkbox"/> (If Yes, write below name & address)		<input type="checkbox"/> 1. By check from school funds. <input type="checkbox"/> 2. To be paid from Federal funds. <input type="checkbox"/> 3. Budgeted funds. Fill in Account info. below																																																								
	NAME _____		This is an authorized Field Trip in support of extra curricular activities <input type="checkbox"/> Educational study <input type="checkbox"/>																																																								
	ADDRESS _____																																																										
	No. of Pupils & Adults Transported _____		No. of Wheelchair _____ No. of Pre-K _____																																																								
	Submit a requisition for each bus requested.		Total # of Buses Requested _____																																																								
Band Instruments _____ Football Equip. _____ Other _____		Manual Signature of Principal																																																									
TYPE OF TRIP																																																											
<input type="checkbox"/> Athletic <input type="checkbox"/> Band or Glee Club <input type="checkbox"/> Educational <input type="checkbox"/> Other _____																																																											
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<input type="checkbox"/> REQUISITION MUST BE IN THE TRANSPORTATION OFFICE TEN (10) SCHOOL DAYS PRIOR TO DATE OF TRIP.																																																											

TRANSPORTATION	CONFIRMATION OF ABOVE REQUEST			
	<input type="checkbox"/> Service will be available as requested.		Assigned Driver _____	
	<input type="checkbox"/> Service will be available with limitations as listed below: Request cancelled by: _____ Name/Title _____ Date _____		<input type="checkbox"/> Accept _____ Int _____ Date _____ <input type="checkbox"/> Decline _____ Int _____ Date _____	
	Cancellation received by: _____		Assigned Driver _____	
			<input type="checkbox"/> Accept _____ Int _____ Date _____ <input type="checkbox"/> Decline _____ Int _____ Date _____	
			Assigned Driver _____	
		<input type="checkbox"/> Accept _____ Int _____ Date _____ <input type="checkbox"/> Decline _____ Int _____ Date _____		

DRIVER/TEACHER/TRANSPORTATION	THIS PORTION TO BE COMPLETED AT TIME OF TRIP IMPORTANT FOR OFFICE INFORMATION				FOR PAYROLL USE ONLY			
	Number of students actually transported _____				Report time A.M. _____			
	Compound Start		Arrive at School		Compound time A.M. _____			
	Return to Compound		Return to School		Report time P.M. _____			
	Hours billed School				Compound time P.M. _____			
	Total amount billed				Time paid to Driver: _____			
We the undersigned certify that the above information is correct.								
Print Driver's Name _____		Driver's Signature _____		Employee # _____		Bus # _____		
Print Teacher's Name _____		Teacher's Signature _____		Employee # _____				

I WILL BE YOUR BUS DRIVER FOR THIS FIELD TRIP. IN ORDER TO INSURE A SAFE RIDE, PLEASE LET ME REVIEW THE RULES FOR RIDING THIS BUS.

DRIVER'S CHECKLIST:

Direct the attention of persons riding the bus to EMERGENCY EXITS (Operation of Emergency Exit doors, windows and roof hatches.) Also, point out location of emergency brake.

Appoint a teacher/chaperon and or dependable students as EMERGENCY ASSISTANTS for Emergency Exit door and window operations, and assign their seat selection nearest to the exits.

Direct the attention of persons riding the bus to the FIRE EXTINGUISHER.

Direct the attention of persons riding the bus to the FIRST AID KIT.

Appoint a teacher/chaperon for the emergency RADIO OPERATIONS. (Briefly describe how to key the microphone, and request HELP.)

GENERAL RULES TO BE FOLLOWED BY PERSONS PREPARING FOR BUS FIELD TRIPS

1. All teachers/chaperons shall be selected and authorized by the Principal to ride the bus. They **ARE NOT** permitted to bring their children on field trips.
2. Teachers/chaperons are limited to five (5) per bus. There shall be at least one (1) teacher/chaperon per bus.
3. Teachers/chaperons are required to maintain orderly classroom conduct and assure all school rules and regulations are followed.
4. Seat belts must be worn.
5. Teachers/chaperons in charge of the trip are responsible for making parking arrangements at the place(s) to be visited.
6. Eating, drinking, smoking, or disruptive behavior are not permitted.
7. No objects are to be placed around the operating mechanisms of the bus.
8. Center aisles on passenger buses shall not be obstructed by any type of equipment. (WHEN EQUIPMENT MUST BE STORED IN THE CENTER AISLE, AN ADDITIONAL BUS IS REQUIRED FOR THIS PURPOSE).
9. Students, teachers, and chaperons may not carry onto the bus any objects that are so large that they cannot be held on their laps.
10. Students being transported to athletic activities are not permitted to wear shoes with cleats.

Acknowledging Signatures

BUS DRIVER

TEACHER/CHAPERON