

SCHOOL BUS TRANSPORTATION/TRIP REQUEST
Junction City School District

Printed name of person making request _____

Destination _____

Date of trip _____

Departure Time _____

Place of departure _____

Return time _____

What group is being transported? _____

Number of students to be transported _____

Names of adult sponsors/supervisors riding on the school bus along with students

Educational objective/framework to be covered by this trip _____

NOTE: Please fill in all pertinent information and obtain required signatures before forwarding request to District Transportation Administrator. Please forward this completed form at least ten (5) working days before date needed in order for the request to be processed in a timely manner.

Teacher's/Sponsor's signature _____ Date _____

Building Principal's signature _____ Date _____

District Transportation Administrator's signature _____ Date _____