



## KELSO SCHOOL DISTRICT - TRANSPORTATION DEPARTMENT

## 2022-23 TRIP REQUEST FORM



One request form is required for each trip requested.

Requests should be submitted at least **10 BUSINESS DAYS** in advance of trip date.

**Transportation cannot guarantee a specific bus or driver.**

CURRENT DATE _____	DATE OF TRIP _____	NO. REGULAR BUSES REQUESTED _____	DROP OFF TRIP? _____	YES NO
<b>Seating Guidelines: Please call Dispatch at 501-1352 to determine number of buses required for safety.</b>				
REQUESTED LEAVE TIME _____	LEAVE DESTINATION _____	RETURN TO SCHOOL _____		
PICKUP LOCATION _____	OTHER LOCATION _____			
DESTINATION _____				
PHYSICAL ADDRESS _____				
<b>Physical Address of Destination MUST be provided</b>				
NO. STUDENT PASSENGERS _____	GRADE(S) _____	ADULTS / COACHES _____		
WHEEL CHAIR BUS REQUIRED?	YES	NO	IF YES, NAME OF STUDENT _____	
SPECIAL ACCOMMODATIONS _____				
NOTIFIED HEALTH CARE SPECIALIST?	YES	NO	OTHER ACCOMMODATIONS _____	
REQUESTED BY _____	EXTENSION # _____	CELL # _____		
TYPE OF TRIP _____		TEAM / GROUP _____		

WAC 392-145-021 When a teacher, coach, or other certificated staff member is assigned to accompany students on a school bus, such person shall be responsible for the behavior of the students in his or her charge, and shall ensure that passengers comply with state rules, district policies, and district procedures for student transportation. **However, the school bus driver shall have final authority and responsibility.**

AUTHORIZED BY _____	ACCOUNT CODE _____
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**THIS SPACE COMPLETED BY THE TRANSPORTATION OFFICE**

MILES	REGULAR	OVERTIME	TIME	<b>TOTAL COST \$</b>
TTL MILES	DRIVER TIME	OT	TTL TIME	
MILES \$	DRIVER COST	OT COST	TTL DRIVER \$	

DRIVER(S) _____	
BUS #(S) _____	STUDENTS d/o _____ p/u _____
TRIP #(S) _____	MEALS \$ _____

IN CONJ?	FUEL GAL	RATE	FUEL COST	REG HRS	OT HRS	TOTAL HRS
NO						
AM						
MID						
PM						
TRIP						
OTHR						
TOTAL FUEL				TOTAL HRS		

REVISED 08/25/22

BILLING NOTES: