

School District 145  
**VAN / BUS REQUEST**

(circle one)

Driver Requested:  Yes  No

*Bus request must be submitted at least ten (10) days prior to the date bus is needed.*

Destination Name & Address \_\_\_\_\_

Date of Trip \_\_\_\_\_ From: Eagle - Hamlow - Middle - High

Departure Time \_\_\_\_\_ a.m. \_\_\_\_\_ (circle school) a.m.  
p.m. Return Time (at school after trip) \_\_\_\_\_ p.m.

Number of Students \_\_\_\_\_ Number of Sponsors \_\_\_\_\_

Special Equipment to Carry \_\_\_\_\_

\_\_\_\_\_  
Sponsor Grade Principal

**BUS DRIVERS ONLY**

Driver 1 _____	Bus No. _____	After Trip _____	<u>MILEAGE</u> _____	<u>TIME</u> _____
Driver 2 _____	Bus No. _____	Before Trip _____	_____	_____
Driver 3 _____	Bus No. _____	TOTAL MILES _____	TOTAL TIME _____	_____

Was conduct of students satisfactory? \_\_\_\_\_ Was bus left clean? \_\_\_\_\_

List any damage to bus \_\_\_\_\_

\_\_\_\_\_  
Driver's Signature