



Parchment School District
 Transportation Department
 Ph (269) 488-1290
 Email Both: tweckerle@parchmentschools.org
 jslusher@parchmentschools.org

Request for Transportation of Students to School-Related Events

Is this request reimbursable? Yes No If yes, Indicate who is billed:

Date of trip:	Group:	Number of students:
Departure point:	Destination :	Number of chaperones:
Departure time:	Address of destination:	Equipment or other items going on board (Items may not block aisles or exits.)
Arrive at destination:		
Time of arrival back at school:	Directions provided by:	
Number of buses:	Wheel Chair Bus Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated round trip mileage:

List Students who have any special medical needs:

Student Name:	Condition:
1)	
2)	
3)	

A copy of the completed emergency medical forms must be provided by the trip planner and carried on *each* bus.

Purpose of trip: Curriculum-related
 Sport (regular game, tournament, scrimmage, etc?)
 Club (activity, competition, etc?)

Will any staff members need a substitute to cover classes? Yes No Who & when?

What arrangements still need to be made?

Was cafeteria notified? Yes No NA

Names of Staff Members and other chaperones.

These people will be responsible for maintaining discipline and order. They should be able to guide students in conforming to state safety regulations, such as rules that prohibit eating on a moving bus. Please include cell phone numbers of staff and chaperones if available.

Chaperone Name	Cell Phone Number
1)	
2)	
3)	

NOTE: This form must be sent to the Director of Operations for approval. Transportation requests must be made at least 2 weeks in advance. A confirmation will be sent to the trip planner named here.

Email form to both tweckerle@parchmentschools.org and jslusher@parchmentschools.org

Trip Planner:	Date of Request
School Principal or Athletic Director: _____	Date _____
Director of Operations: _____	Date _____

Original copy goes to transportation office; a copy will be returned to the trip planner on staff and to the bus driver(s).

For Drivers Use Only

Mileage: _____	Arrival Time: _____	Departure Time: _____	Meal Ticket (attach signed receipt)
	Arrival Time: _____	Departure Time: _____	<input type="checkbox"/> 8 hours
			<input type="checkbox"/> 12 hours