Henry-Senachwine CUSD#5 Bus Request Form

Date Submitted: _____ Date Needed: _____

Person in Charge of Trip: _____ Group/Grade Level: _____

Is trip academic related? YES ☐ NO ☐ If YES, complete bus roster at bottom of this form.

****

Destination: _____

City/Town: _____ Number of Riders: _____

Departure Time: _____ AM ☐ PM ☐ Location to load bus:

Arrival Time: _____ AM ☐ PM ☐ _____

(Front door, Bus drive, Parking lot)

Return Time: _____ AM ☐ PM ☐

Is bus making Meal Stop? YES ☐ NO ☐ Location: _____

Meal Stop Time: _____ AM ☐ PM ☐

Parking available for the bus? YES ☐ NO ☐ Location: _____

Will the bus driver(s) be included for tickets, tours, etc.? YES ☐ NO ☐

Any special request, additional stops, comments, or instructions? _____

_____

****

Charge Person Signature: _____ Date: _____

Administative Signature: _____ Date: _____

Bus Supervisor Signature: _____ Date: _____

After principal approval, this request is approved as written, unless you are contacted by the Director of Transportation

****

Bus Roster: To be completed if academically related. Continue on back of page if needed.

Students - (Last name, First name)

Bus Roster:

Students - (Last name, First name)