

SCHOOL BUS TRAVEL REQUEST FORM

Please print on blue paper

Copies Needed: 3

1 Originator

1 Superintendent

1 Transportation Supervisor

INSTRUCTIONS: Originator prepare three (3) copies of request form on blue paper & sign, then have your Building Principal or Supervisor review request form & sign all 3 copies. Upon approval, the Building Principal or Supervisor will submit three (3) copies to the Superintendent. If the trip cannot be scheduled, the School Bus Travel Request Form will be sent back to the Originator. If the trip can be scheduled, the Superintendent will complete the forms and give the copies to:

Originator; Superintendent; and Transportation Supervisor

Prepare three (3) copies. **Requests must be submitted two (2) weeks prior to the date of the trip.**

ORIGINATOR COMPLETES THIS SECTION

Class or Group taking trip _____ No. of Students _____

Number of Buses Requested _____ Purpose of Trip _____

SPECIFIC Date of Trip _____ School Building _____

DESTINATION: _____

COMPLETE Address of Destination _____

Departure Time from Grand Valley _____ Arrival Time at Destination _____

Departure Time from Destination _____ Comments _____

Location of Pick up & Delivery Point in Grand Valley _____

Will there be any additional stops? _____ Location _____

SUPERINTENDENT COMPLETES THIS SECTION

Please reschedule. The bus trip cannot be scheduled because _____

Bus Driver _____ Bus # _____

I certify that this trip is in conformity with the rules, regulations and policies established by the State Department of Ed., the State of Ohio and the Grand Valley Board of Education

Originator (Please print) Date

Athletic Director (if applicable) Date

ACESC (if applicable) Date

Building Principal or Supervisor Date

Superintendent Date