

Submit to the Athletic/Activities Director first for Approval

BUREAU VALLEY SCHOOL DISTRICT #340
BUREAU VALLEY HIGH SCHOOL

ACTIVITY REQUEST (For who?) _____

TRANSPORTATION REQUESTED: _____

Teacher/Sponsor/Organization making request: _____

Specific request:
What is the rationale for the request? _____

Where will the group be going? _____

Address where the group is going: _____

Date of trip: _____

Time leaving: _____

Return time arrival at pickup point: _____

Approximate distance: _____

Total number of students going: _____

Total number of adults going: _____

Student costs: _____

Approved by:
Athletic/Activities Director _____ **Date:** _____

Principal _____ **Date:** _____

Trans. Coordinator _____ **Date:** _____

CC: Transportation: _____ Secretary: _____ AD: _____

For office use only:
Transportation:

Bus _____
Van _____
Car _____

Funded by:

District _____
Grant _____
Other _____