

MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 49

8 School Street  
Fairfield, Maine 04937  
Tel: 453-4230 Fax: 453-4233

# REQUEST FOR BUS TRANSPORTATION

School: \_\_\_\_\_

Date: \_\_\_\_\_

**Circle one:** Curriculum, Educational, Field Trip, Extra-Curricular, Co-Curricular, Chorus, Band, Sport or Day Care

Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person(s) Requesting: \_\_\_\_\_

Destination: \_\_\_\_\_ Trip Date: \_\_\_\_\_

(Town/City) (Exact place with directions are to be written above under activity or staple directions to back)

Depart Time: \_\_\_\_\_  
(from school)

Arrive Time: \_\_\_\_\_  
(at destination)

Depart Time: \_\_\_\_\_  
(from destination)

Arrive Time: \_\_\_\_\_  
(at school)

Total Number of Passengers: \_\_\_\_\_ Students: \_\_\_\_\_ Adults: \_\_\_\_\_

Estimated Total Number of Miles: \_\_\_\_\_ Stop for Meals: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Bag Lunch

Number of Bus(es) Needed: \_\_\_\_\_ (wheelchair accessible / seat belt needed?)

Approval Principal/Athletic Director: \_\_\_\_\_

Approval Superintendent: \_\_\_\_\_

(For office use only)

Assigned Driver(s): \_\_\_\_\_

Odometer: Start: \_\_\_\_\_ End: \_\_\_\_\_ Total Miles: \_\_\_\_\_

Driving Time: \_\_\_\_\_ Waiting Time: \_\_\_\_\_ Total Time: \_\_\_\_\_