

MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 49

8 School Street
Fairfield, Maine 04937

Albion - Benton - Clinton - Fairfield

REQUEST FOR BUS TRANSPORTATION

School: _____ **Date:** _____

Activity - (field trip, curriculum, sports, chorus, band, etc)

Please, put pick up point at school - Write exact directions or staple directions to back - Thank you

Person Requesting

Destination _____ **Trip Date** _____
(Town/City)

Depart Time From School: _____ **Arrive Time At Destination** _____

Depart Time From Destination _____ **Arrive Time Back at School** _____

Total Number of Passengers _____ **Number of Students** _____ **Number of Adults** _____

Estimate Number of Miles: _____ **Round Trip** _____ **Stop for Meals: Yes:** _____ **No:** _____ **Bag:** _____

Number of Buses: _____ **Circle if needed** _____ **Wheelchair accessible -** _____

Approval of Principal/Athletic Director

Approval of Superintendent

Date Recieved at Transportation

Assigned Driver(s)

Driver(s)Phone Number

ReplacementDriver

OdometerStart _____ **OdometerEnd** _____ **TotalMileage** _____ **DrivingTime** _____ **WaitingTime** _____ **TotalTime** _____ **Bus number**

Comments:

TransportationNumber

Date Called In

Printout Trip Sheet

Game Time

Location

Pick up at school location and location of event or attach map