

TRIP REQUEST FORM

DES ARC SCHOOLS

REQUEST FOR SPECIAL BUS USE

GROUP REQUESTING BUS: _____ DRIVER NEEDED? YES NO

DATE TRIP TO BE MADE: _____ NUMBER IN GROUP: _____

DEPARTURE TIME: _____ RETURN TIME: _____

DESTINATION: _____ OVERNIGHT? YES NO

DISTANCE ONE WAY: _____ DISTANCE ROUND TRIP: _____

PURPOSE OF TRIP: _____

SUPERVISOR(S) FOR TRIP: _____

SIGNATURE/APPROVAL OF SCHOOL PRINCIPAL: _____

TRANSPORTATION SUPERVISOR APPROVAL: _____

DRIVER ASSIGNED: _____ BUS ASSIGNED: _____

DRIVER'S REPORT FOR TRIP BUS NUMBER: _____

TIME DRIVER ARRIVED TO TAKE BUS: _____ TIME DRIVER GOT OFF BUS: _____ TOTAL HOURS: _____

COACH DRIVER, TOTAL TIME ACTUALLY DRIVING TO AND FROM SPORT EVENT: _____

BEGINNING SPEEDOMETER READING: _____ ENDING: _____

DRIVER'S SIGNATURE: _____