

Request for Bus/Van
Carson City-Crystal Area Schools

(Must be filed by all groups except regular scheduled athletic events)

Name of Person Requesting Trip _____

The person in charge of the trip must furnish the driver and the administrator with a list of passengers on the bus. All passengers must ride the SAME bus to and from an activity.

Name of Organization/Class _____

Head Chaperone _____

Name of School _____

Destination _____

Departure Date & Time _____

Departure Site _____

Return Date & Time _____

Return Site _____

Number of Buses _____

Number of Persons _____

Purpose of Trip _____

Special Arrangements _____

Cost calculations: Total round trip mileage x number of buses x \$1.00

Dividing this number by the number of students will provide you with the cost per/student

_____ x _____ x \$1.00 = _____ / _____ = _____
Mileage number of buses Total Cost # of students cost per/student

Signature of Person Requesting Bus Date Approved by Principal/Supervisor Date

Approved by Transportation Supervisor Date

Approved by Superintendent Date

Transportation Department: Send 2 copies to Business Office, 1 to Principal/Supervisor, 1 to Chaperone, 1 to File