

Date: _____

**Shepherd Public Schools
Field Trip Transportation Request**

One copy must be submitted by Thursday, two weeks prior to the trip to Central Office.

Requesting Party

Name/Department/Grade _____

Number of Students _____ Number of Chaperones _____

Number of Buses/Vans(52/bus-10 total per Van) _____

Date of Event: _____

Departing Time from the School: _____ Returning time to School: _____

Location of Event: _____

Purpose of Event: _____

Will you be stopping to eat? Yes ___ No ___ Food Service notified: _____

Special instructions for driver consideration _____

Account to be Charged: _____

Authorized by Administrator: _____

Authorized by Superintendent: _____ Date _____

Bus Supervisor

Driver(s) assigned _____ Bus No(s) _____

Bus Driver

Odometer at start _____ Return _____ Total miles _____

Time at start _____ Return _____ Total time _____

Driver's Signature _____

The original copy must be sent to the Central Office for Superintendent approval. Please keep one for your records.