

SCRANTON SCHOOL DISTRICT BUS TRIP SHEET

Two copies of this form shall be made. One copy will be submitted to the office prior to leaving on the trip, and one copied should be retained by the bus driver or sponsor until completion of the trip. Complete the ending mileage section and turn in to Superintendent's office upon return to school.

Name of Activity _____ Sponsor _____

Date of Trip _____ Departure Time _____ Approx Return Time _____

Destination (Place & City) _____ Bus Number Driven _____

Beginning Mileage of Bus _____ **Ending Mileage of Bus** _____

Sponsor Signature _____ Driver Signature _____

Pre-trip Inspection Ok: Yes No Initials _____ Mechanic Signature _____

**List each passenger in the seat they are sitting in and make sure they stay in that seat.
We need this information to be accurate in case of an accident.**

Passenger Side:

1. _____

3. _____

5. _____

7. _____

9. _____

11. _____

13. _____

15. _____

17. _____

19. _____

21. _____

23. _____

Driver Side:

2. _____

4. _____

6. _____

8. _____

10. _____

12. _____

14. _____

16. _____

18. _____

20. _____

22. _____

24. _____
