

Request for Bus Service

Aberdeen School District 6-1

(All requests must be filed 10 days before trip date)

Teacher/Coach: _____ Building: _____

Cell Phone: _____

Specify Activity Planned: _____

Check Applicable Items:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Instructional activity related to classroom |
| <input type="checkbox"/> | Co-Curricular activity |
| <input type="checkbox"/> | Other (specify): _____ |

Day: _____ Date: _____

Destination: _____

Pickup Time: _____ Return Time: _____

Cannot be later than 2:50 pm for Field Trips

Pick Up Location: _____

Number of passengers: _____

Write in number of vehicles requested:

| | | | |
|--------------------------|-----------------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | 59 Passenger Coach | <input type="checkbox"/> | 44 Passenger Sports Activity Bus |
| <input type="checkbox"/> | 56 Passenger Coach | <input type="checkbox"/> | Yellow Bus |
| <input type="checkbox"/> | 8 Passenger Van (no driver) | <input type="checkbox"/> | Yellow Bus with WHEEL CHAIR ACCESS |
| <input type="checkbox"/> | 8 Passenger Van (driver required) | <input type="checkbox"/> | |

Lodging: _____ Number of nights: _____

Yes/No

Motel information: _____

Do you need a substitute teacher: _____

(Yes/No)

What blocks do you need covered: _____

Approved _____ Date _____

(Principal or Athletic Director)