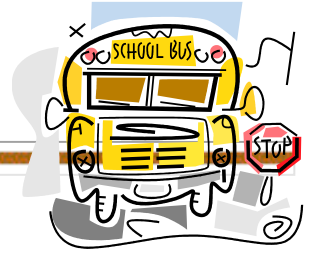


HARRISBURG SCHOOL DISTRICT

Bussing Request



INFO

Date of Trip _____

Teacher/Advisor(s): _____
NAME PHONE

Class/Club(s): _____

Leave From: _____

#of Students: _____ #of Adults: _____

Destination: _____

Leave Time: _____ Return Time: _____

Taxes must be paid if money is collected from external sources for field trips and the money will run through the School's Student Council.

Costs may apply.

Employee Signature

Date

Please forward this form to your Administrator.

APPROVAL

APPROVED NOT APPROVED

Administrator Signature

Date

BUS DRIVER INFO

Bus & Driver Available NOT Available

Driver: _____

of Busses: _____

APPROXIMATE Transportation Cost: _____

Transportation Supervisor Signature

Date

