

BUTLER AREA SCHOOL DISTRICT REQUEST FOR TRANSPORTATION

In order for the Transportation Office to arrange transportation for field trips, athletic and other events, it is necessary that this form be completed by the sponsor of the group and signed by the appropriate administrator(s). Please submit the completed form (excluding Administration & Business Office approvals) to the Transportation Office **at least 3 – 4 weeks prior to the trip date.** We will make a copy and then forward it for final approval. The approved form must be received in the Transportation Office before arrangements will be confirmed.

All field trips are to return by 2:30 p.m. A confirmation of completed arrangements for transportation will be returned to the **building administrator** who will give confirmation to the group sponsor. **If you do not receive confirmation at least one week prior** to the trip, contact the Transportation Office at Extension #3137 or call 724-287-8723.

Requests to use the **school district van(s)** are limited to seven (7) people (6 passengers plus 1 driver). Requests showing a number greater than seven (7) will be returned. Please follow the Guidelines for the Use of School-Owned Vans and complete the Van Passenger Roster.

TO BE COMPLETED BY THE SPONSOR

Date of the Trip: ____/____/____ - ____/____/____
(If more than 1 day also attach OVERNIGHT TRIP INFORMATION form)

Date of Request: ____/____/____

DEPARTURE:

____ am/pm Loading Time for Destination
____ am/pm Departure Time for Destination

RETURN:

____ am/pm Loading Time for Returning
____ am/pm Leaving Time for Returning
____ am/pm Building Return Time

Pickup Location: _____

Return Location: (IF DIFFERENT) _____

Travel Destination (List all destination stops, lunch, etc):

- a. _____
- b. _____
- c. _____

Request Completed By: _____ **Ext** _____
Emergency Contact Phone Number _____

Add'l Teacher/Sponsor(s): _____

Organization/Group: _____ **Grade(s)** _____

Add'l/Special Info: _____

____ # of Students	____ # of Buses (3 per seat)	____ Approved by Bldg. Principal / /
____ # of Chaperones	____ # of Mini-Buses/Lift ____ (# whls)	____ Administration Office / /
____ Group Total	____ # of School Vans	____ Business Office / /

FUNDING SOURCE: (PTO, GROUP, DEPARTMENT, SPEC ED, ETC.) _____

TO BE COMPLETED BY THE TRANSPORTATION OFFICE

Received: ____/____/____ **Time:** _____ **Initials:** _____

Contractor: **VALLEY LINES**

____ # of School Vans # ____ # ____
____ # of Mini-Buses/Lift ____ # Whls

____ # of Buses

Confirmations:

xc: School Van Approvals: Maintenance
____/____/____

xc: Bus Approvals:
____/____/____

Building Administrator
Bus Contractor

Arrangements Completed: ____/____/____ **Initials:** _____