

Charter Bus Request Form

School: _____ **Date of Request:** _____

Group Making Request: _____

Location of Trip: _____ **Miles to Location:** _____

Reason for Trip: _____

Reason a Charter Bus is Needed: _____

Funding Source for the Charter Bus: _____

Form Submitted By: _____ **Date of Submission:** _____

Principal's Signature: _____ **Date of Submission:** _____

_____ Approved _____ Denied

Asst. Superintendent's Signature: _____ **Date:** _____

Superintendent's Signature: _____ **Date:** _____

***Required for Overnight Trips**