

**EAST CENTRAL INDEPENDENT SCHOOL DISTRICT  
BUS REQUEST**

\*\* NOTE: MUST submit this request at least three(3) business days prior to the departure date \*\*

SCHOOL: \_\_\_\_\_

DATES REQUIRED: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

GRADE/CLASS/CLB: \_\_\_\_\_

DESTINATION(S): \_\_\_\_\_

(please include the Destination address if outside of ECISD)

PURPOSE OF TRIP: \_\_\_\_\_

DESIGNATE WHERE BUS WILL PICK UP STUDENTS: \_\_\_\_\_

(i.e.: bus circle, front of school, parking lot in front of Gym 3, etc...)

# OF STUDENTS ATTENDING: \_\_\_\_\_

# OF BUSES NEEDED: \_\_\_\_\_

SPECIAL EQUIPMENT NEEDED: \_\_\_\_\_ (i.e.: Car Seats, Boosters, Harnesses, #of wheelchairs, etc...)

# OF DRIVERS NEEDED: \_\_\_\_\_

REQUESTED DRIVER (if applicable): \_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_

RETURN TIME: \_\_\_\_\_

**HOW WILL THIS TRIP BE PAID FOR (Select One):**

\_\_\_\_\_ DISTRICT FUNDS (List Budget Code) : \_\_\_\_\_

(Must list budget code or district funds cannot be used)

\_\_\_\_\_ CAMPUS FUNDS \_\_\_\_\_ MONEY COLLECTED FROM STUDENTS

\_\_\_\_\_ OTHER (Must Specify): \_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Printed Name of Sponsor

\_\_\_\_\_  
Principal's Approval