



Vehicle Transportation Request

☐ ATH ☐ CLC ☐ BRIDGES ☐ WHS

☐ CO ☐ FP ☐ VA ☐ WC

☐ SUCCESS ☐ ASC ☐ OTHER:

☐ HE ☐ LN ☐ NM ☐ WA

Bus will pick-up students from the HS Campus at the:

☐ Front ☐ Back ☐ Small Commons

Will you: be gone overnight, during weekend, holiday, vacation, out of state, or exceeds distance limits?

☐ Yes ☐ No

If yes, complete an Extended Field Trip Application and submit it 20 working days prior to the trip.

Departing Date:

Returning Date:

Name of Staff Member

Date

Phone and/or email address

Name of Destination

Group/Organization or Grade Level

Address

of Students

of Staff/Adult Chaperones

Submit all copies of this form to the District Office two weeks before the date of the trip.

Any trips departing before 8:00 a.m. or not returning by 2:00 p.m. need to be turned in to the District Office 20 working days prior to the departure date.

Emergency Contact Phone Number

All requests are dependent on the availability of the van or bus. Confirm trip arrangements only after you have received notice of van or bus availability.

Type of Vehicle Request: (check all that apply)

☐ Van - CTE/Measure 98 Activity: ☐ Yes ☐ No

☐ Bus ☐ Wheelchair Accessible Bus ☐ Activity Bus (WHS)

Date:

Time:

Driver's Name if you are requesting a Van or Car.

Van/Car Drivers need to be on the Approved Drivers' list and an Approved First Aid Provider.

Date:

Time:

Date & Time Van/Car will be picked up from Maintenance

Date & Time Van/Car will be returned to Maintenance

Student Pick-up Time at School

Student Arrival Time at Destination

Student Return Pick-up Time

Student Arrival Time Back at School

Will there be additional stops during this trip?

☐ Yes ☐ No

If yes, please describe below.

Purpose of trip & additional information

Please click here to view our [WSD Safety Expectations](#) I have read and understand the WSD Safety Expectations.

☐

Account Number for Bus Charges

Building Administrator's Signature

Date

BUSINESS OFFICE USE ONLY

Extended Field Trip Approval Date (if needed):

District Administrator/Designee Signature

Date

☐ R ☐ NR

Request Received: