



Chelsea School District Bus Usage Request

Teacher: _____ Group/School: _____

Email: _____ Today's Date: _____

Name and address of destination: _____

Date of trip: _____ Mileage One-Way (required): _____

Departure time: _____ Return time: _____

** Please note buses are not available during Chelsea morning and afternoon bus runs, buses are available to leave Chelsea at 8:00 am and need to be back by 2:30. **

Number of Students: _____

Number of Chaperones (1:8 ratio is recommended): _____

Number of Buses: _____ (bus will hold 71 elementary, or 47 Middle & High School students. Wheelchair buses hold 2-5 wheel chairs with 22-43 students depending on configuration)

Bus driver needed: ___yes ___no

Trip costs are charged per mile plus driver time, which is charged by the hour with 1 hour added for pre & post trip requirements.

Estimate: \$ _____ Actual cost: \$ _____

Address and email to send invoice for payment:

Group Representative: _____

Chelsea Representative: _____