

KANKAKEE VALLEY HIGH SCHOOL

BUS REQUEST FORM FOR EXTRACURRICULAR ACTIVITIES

You must return this form to Mary Cardaras or your bus will NOT be scheduled

Class / Organization: _____

Teacher / Leader: _____

Date of Trip: _____

Where To: _____

Educational Purpose: _____

Have You Received Approval from the Corporation: YES NO

Requested Bus Driver: _____ **Number of Buses:** _____

Type of Bus: Regular Activity Handicap

Departure Time: _____ **Return Time:** _____

BUS RATES

(Monday - Saturday)

First 3 Hours- \$45.00

Each Hour After- \$15.00

***EACH ORGANIZATION IS RESPONSIBLE TO PAY THEIR OWN TRANSPORTATION FEE.**

To Be Completed by M. Cardaras:

Bus Driver Assigned: _____

Date Assigned: _____