

Trip Request Form

Anyone requesting to transport students by bus must submit a *Trip Request Form* to M.Aubert (maubert@sjpsb.org) or D. Long (dlong@sjpsb.org) no later than **10 school days** prior to the trip date.

For School Use Only:

School: _____	Date(s) of Trip: _____	Date of Request: _____
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Requester: _____	Email Address: _____
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Choose One: Athletics: _____ Co-Curricular Extra-Curricular

(Choose ONE)

- I **DO** need a driver. Note: _____
- I do **NOT** need a driver assigned. _____ has agreed to drive for this trip.

Pick Up Location : _____ Departure Time: _____ Pick Up Time to Return Home : _____
!! Drivers must return by 2:00 in order to drive their regular routes !!

Trip Destination: _____ Destination Address: _____

Purpose of Trip: _____

I will need _____ regular bus(es) Number of Students: _____

I will need _____ SPED buses Number of SPED Students: _____

Explain SPED student's health and mobility needs: _____

- I have _____ SPED students that will require a wheelchair lift.

List Attending Chaperones/Sponsors: _____

Projected Driver Cost: \$ _____ Projected Gas Cost: \$ _____

Principal or AD Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature: _____	Date: _____
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For Transportation Department Use Only:

Transportation Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature: _____	Date: _____
	<input type="checkbox"/> Emailed to First Student		Signature: _____	Date: _____

For First Student Use Only:

<input type="checkbox"/> Received Request	Signature: _____	Date: _____
<input type="checkbox"/> Emailed receipt request to maubert@sjpsb.org , Principal/AD and requester above.	Initials: _____	Date: _____
***** The day before the trip, the dispatcher will email the requestor with driver and bus assignment details.*****		

For Finance Department Use Only:

Check #: _____	Amount: \$ _____	Receipt Verified by: _____	Date: _____
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