

Print Form

Save Form

Name of Group

School		Phone	Fax
--------	---	-------	-----

☐ Instructional (SBDM Funded)☐ Instructional (Board Funded)☐ Extra-Curricular (School Funded)☐ Other: Be Specific

Destination

If this request is for over night or out of state, was it approved by the board? ☐ Yes ☐ No

Date of Trip	Departure Time	Return Time
--------------	----------------	-------------

Number of Students	Number of Adults	Total
10	10	20
20	20	40
30	30	60
40	40	80
50	50	100
60	60	120
70	70	140
80	80	160
90	90	180
100	100	200

I am requesting: ☐ Bus ☐ Driver ☐ Both

Principal's Signature: _____ Date: _____

Fax to the Transportation Department (606) 672-4236

☐ Trip Approved☐ Trip Denied

Driver Assigned _____ Bus No _____

Transportation Official Signature

Date Trip Approved: _____ Date Faxed Back to School: _____

Name of Person Faxing Information Back

*All Trips Must Be Turned In To The Transportation Department
No Later Than (10) School Days Prior to Trip*