

KANKAKEE VALLEY HIGH SCHOOL

BUS REQUEST FORM FOR EXTRA CURRICULAR ACTIVITIES

CLASS/ORGANIZATION: _____

TEACHER/LEADER: _____ DATE OF FIELD TRIP: _____

WHERE: _____

EDUCATIONAL PURPOSE: _____

HAVE YOU RECEIVED APPROVAL FROM THE CORPORATION? _____ YES _____ NO

REQUESTED BUS DRIVER: _____ NUMBER OF BUSES: _____

TYPE OF BUS: _____ REGULAR _____ ACTIVITY _____ HANDICAPPED

DEPARTURE TIME: _____ RETURN TIME: _____

BUS RATES**

MONDAY - SATURDAY RATE

FIRST 3 HOURS - \$45.00

EACH HOUR AFTER - \$15.00

**Each organization is responsible to pay for their OWN transportation.

IT IS YOUR RESPONSIBILITY TO RETURN THIS FORM TO MARY CARDARAS OR
YOUR BUS WILL NOT BE SCHEDULED.

To Be Completed by Mary:

BUS DRIVER ASSIGNED: _____

DATE ASSIGNED: _____