
First Student Central Point Trip Request Form

Date of Request:

Date of Trip:

Trip#

(FS staff)

School:

Teacher:

Grades:

Student Count:

Wheelchair Count:

Adult Count:

Trip Contact Name/Cell Number (Adult in charge during trip):

School Phone Number:

TYPE OF TRIP

Extension of classroom for instructional purposes?

Yes: ☐

No: ☐

Number of buses: (Elementary students 78-84 per bus. Secondary students 56 per bus)

☐ Activity (white small <20 pass) Request Only (May only be driven by certified District employees.)

☐ Regular (yellow) School Bus

Overnight Yes: ☐

No: ☐

☐ Comet Bus (47 pass. Typically used by Athletics.)

☐ Drop Only ☐ Pick Up Only ☐ Round Trip

Bus must stay with group? Yes: ☐ No: ☐

Departure from School Time (Bus will arrive 15 minutes before scheduled departure time for loading)
M,T,Th,F: Trips only between 9:15AM-1:45PM & W: Trips only 10:15AM-12:45PM

Arrival Time: _____ Load/ leave Time: _____ Load Location: _____

Destination 1 (with address):

Destination 2 (if applicable)

Destination 3 (if applicable)

Destination Departure Date/Time: _____

Back to School Arrival Date/Time: _____

Notes:

***** FIRST STUDENT STAFF ONLY *****

Rec'd by:

Date/Time:

Approved (Confirmed) Date/Time:

	Arrival Time	Departure Time	Location	Mileage	Count
	Sign On		Yard		0
Driver Notes					

Driver Name

Driver Signature
