REQUEST FOR USE OF ACTIVITY BUS

Pamlico County Schools

NUMBER OF *BUSES* NEEDED: Full Size_____ Mini-Bus_____

Name of School_____

Name of Teacher_____

Name of Driver _____

When do you plan to leave? Date_____ Time _____

When do you plan to return? Date_____ Time _____

Destination _____

_____

Purpose of Trip _____

_____

_____ _____

Signature of Person Requesting Trip Date

_____ _____

Principal's Approval Date

Required for Overnight or Out-of-State Trips Only:

_____ _____

Superintendent's Approval Date

A completed copy of this form must be taken to the school bus garage by the teacher or driver at the time the bus is picked up.

Odometer Reading: Beginning of Trip _____

Odometer Reading: End of Trip _____

Total Trip Mileage _____

Cost Per Mile by Activity: Competition/Athletics $1.00 Field Trip $1.50 _____

Total Cost of Trip _____