

If yes, please provide details: _____

Number of Hanover School Buses Needed: _____

If none, please explain: _____

Departure Time: _____ am/pm

Return Time: _____ am/pm

Bus Pick Up Location: _____

Equipment Space Needed: Yes No Equipment: _____

(All equipment must be secured and cannot obstruct the vision of the bus driver. Bus aisle must be kept clear at all times.)

TRANSPORTATION FEES:

Local Transportation

\$18 per hour + 70 cents/mile

Chicago Transportation

\$25.00 per hour + 70 cents/mile

Must provide MapQuest or Google Maps documentation of round-trip travel distance

*Does not include Parking Tolls, Additional Driver Time, etc. The Trip Sponsor is responsible for any additional expenses.

TRIP COST:

Transportation Expense: Bus Cost: \$_____ Mileage Cost: \$_____

Admission Cost (if applicable): \$_____

Money received through Fundraising or other contributions: \$_____

Adjusted Cost Per Student: \$_____

*Applications must be approved by the Building Administrator and Superintendent before scheduling trip or collecting fees.

Signature of Trip Sponsor

Date

Signature of Building Administrator

Date

Signature of Transportation Director

Date

Signature of Superintendent

Date

6/25/19

3/10/20

10/21/22

1/22/24

6/17/25