

26-27 Trip Request Form

Anyone requesting to transport students by bus must submit a *Trip Request Form* to M.Aubert (maubert@sjpsb.org) no later than **10 school days** prior to the trip date.

For School Use Only:

School: _____ Date(s) of Trip: _____ Date of Request: _____

Requester: _____ Email Address: _____

Choose One: Athletics: _____ Co-Curricular _____ Extra-Curricular _____

(Choose **ONE**)

I **DO** need a driver. Note: _____

I do **NOT** need a driver assigned. _____ has agreed to drive for this trip.

Pick Up Location : _____ Departure Time: _____ Pick Up Time to Return Home : _____

Drivers must return by 2:00pm in order to drive their regular routes !!

Trip Destination: _____ Destination Address: _____

Purpose of Trip: _____

I will need _____ regular bus(es) Number of Students: _____

I will need _____ SPED buses Number of SPED Students: _____

Explain SPED student's health and mobility needs: _____

I have _____ SPED students that will require a wheelchair lift.

List Attending Chaperones/Sponsors: _____

Projected Driver Cost: \$ _____ Projected Gas Cost: \$ _____

Principal or AD Approval	Yes	No	Signature: _____	Date: _____
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For Transportation Department Use Only:

Transportation Director	____ Yes ____ No	Signature: _____	Date: _____
		Emailed to First Student Signature: _____	Date: _____

For First Student Use Only:

Received Request Signature: _____ Date: _____ Emailed receipt request to maubert@sjpsb.org, Principal/AD and requester above. Initials: _____ Date: _____
******* The day before the trip, the dispatcher will email the requestor with driver and bus assignment details. *******

For Finance Department Use Only:

Check #: _____ Amount: \$ _____ Receipt Verified by: _____ Date: _____