GENESEE JOINT SCHOOL DISTRICT NO. 282

TRANSPORTATION REQUEST

132 W Chestnut Street
Genesee, ID 83832
(208) 285-1213

IMPORTANT: Submit all trip requests to Transportation Supervisor at least 10 School Days prior to the trip

REQUEST DETAILS

Today's Date: _____	**Group Requesting Transportation:** _____
Trip Date: _____	**Person Requesting Transportation:** _____ **Cell #:** _____
Destination/Address: _____ _____	**Vehicle Requested:** ☐ Yellow School Bus ☐ 15-Passenger Van Students: # _____ Students Age Range _____ Adults: # _____
Description of Trip (include extra stops, times, etc.): _____ _____	**Cargo Space Needed:** ☐ Yes ☐ No Description: _____ _____
Purpose of Trip / Contribution to Educational Program: _____ _____	**Driver:** ☐ Remain at Location ☐ Drop Off/Return Parking or Drop-Off Information: _____ _____

TRAVEL INFORMATION

Outbound	**Return**
Load Time: _____AM/PM	Load Time: _____AM/PM
Depart Time: _____AM/PM	Depart Time: _____AM/PM
Arrival Time: _____AM/PM	Arrival Time: _____AM/PM

FIELD TRIP TRACKING DETERMINATION - CHECK YES OR NO FOR EACH ITEM

☐ Yes ☐ No Does any portion extend more than 100 miles beyond Idaho's border?	☐ Yes ☐ No Does any portion occurs outside the school week/calendar year?
☐ Yes ☐ No Does any portion require an overnight stay?	☐ Yes ☐ No Does any portion include a competitive activity?
☐ Yes ☐ No Does any portion include an out-of-community student performance?	☐ Yes ☐ No Is any portion considered an award trip?
☐ Yes ☐ No Is any portion a recreation event?	☐ Yes ☐ No Is any portion a social event?
☐ Yes ☐ No Entire school attends one event (testing, movie, performance, etc.)?	☐ Yes ☐ No Is educational/curriculum-driven (incl HS Lifetime Sports)? *Attach Lesson Plan
☐ Yes ☐ No Is any portion Club affiliated?	☐ Yes ☐ No Affects a student's grade / learning opportunity?
☐ Yes ☐ No Everyone in the class can participate?	☐ Yes ☐ No Trip will use a yellow school bus?

AUTHORIZATION

Requestor Signature: X_____	
Administrator Signature: X_____	Decision: ☐ Approved ☐ Denied

TRANSPORTATION OFFICE USE ONLY

Transportation Supervisor Signature: X_____	Date Received by Transportation Dept: _____
☐ Reimbursable ☐ Non-Reimbursable	Bus #:_____ Driver: _____ Total Miles: _____