BUTLER AREA SCHOOL DISTRICT
REQUEST FOR TRANSPORTATION

In order for the Transportation Office to arrange transportation for field trips, athletic and other events, it is necessary that this form be completed by the sponsor of the group and signed by the appropriate administrator(s). Please submit the completed form (excluding Administration & Business Office approvals) to the Transportation Office **at least 3 – 4 weeks prior to the trip date.** We will make a copy and then forward it for final approval. The approved form must be received in the Transportation Office before arrangements will be confirmed.

All field trips are to return by 2:30 p.m. A confirmation of completed arrangements for transportation will be returned to the **building administrator** who will give confirmation to the group sponsor. **If you do not receive confirmation at least one week prior** to the trip, contact the Transportation Office at Extension #3136 or call 724-287-8723.

Requests to use the **school district van(s)** are limited to seven (7) people (6 passengers plus 1 driver). Requests showing a number greater than seven (7) will be returned. Please follow the Guidelines for the Use of School-Owned Vans and complete the Van Passenger Roster.

TO BE COMPLETED BY THE SPONSOR

Date of the Trip: ___/___/___ - ___/___/___ Date of Request: ___/___/___
(If more than 1 day also attach OVERNIGHT TRIP INFORMATION form)

DEPARTURE:
_____am/pm Loading Time for Destination
_____am/pm Departure Time for Destination

RETURN:
_____am/pm Loading Time for Returning
_____am/pm Leaving Time for Returning
_____am/pm Building Return Time

Pickup Location: _____

Return Location: (IF DIFFERENT) _____

Travel Destination (List all destination stops, lunch, etc):
a. _____
b. _____
c. _____

Request Completed By: _____Ext _____
Emergency Contact Phone Number _____
Add'l Teacher/Sponsor(s): _____
Organization/Group: _____Grade(s)_____
Add'l/Special Info: _____

_____# of Students _____# of Buses (3 per seat) _____Approved by Bldg. Principal / /
_____# of Chaperones _____# of Mini-Buses/Lift_____**(# whls)** _____Administration Office / /
_____Group Total _____# of School Vans _____Business Office / /

FUNDING SOURCE: (PTO, GROUP, DEPARTMENT, SPEC ED, ETC.) _____

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TO BE COMPLETED BY THE TRANSPORTATION OFFICE

Received: _____/_____/_____Time: _____ Initials: _____ Contractor: **Krise Transportation, Inc.**

_____# of School Vans #_____#_____ _____# of Buses
_____# of Mini-Buses/Lift_____# Whls

Confirmations:

xc: School Van Approvals: Maintenance
____/____/____

xc: Bus Approvals: Building Administrator
____/____/____ Bus Contractor

Arrangements Completed: ____/____/____ Initials: _____

COPY ON YELLOW PAPER Revised: October 2026