

1. This request must be turned in to Transportation at least fourteen (14) days prior to the scheduled trip. 2. A separate request must be filled out for each trip. 3. This request must provide an account number to be charged.		ST. LOUIS PUBLIC SCHOOLS TRANSPORTATION DEPARTMENT 989-681-3532 or cell: 989-205-6613		Today's Date: Field trips <u>AND</u> Extracurricular trips must be scheduled with specific beginning and ending times	
		BILL TO ACCOUNT:			
THIS SECTION TO BE COMPLETELY FILLED OUT BY <u>TEACHER/ADVISOR and PRINCIPAL</u> Or (Check One) THIS SECTION TO BE COMPLETELY FILLED OUT BY <u>COACH and ATHLETIC DIRECTOR</u>				Estimated costs are \$ _____ per mile and \$ _____ per hour per driver	
SCHOOL		GROUP/CLASS			
DEPARTURE DATE	DEPARTURE TIME	REQUESTED ON SITE PICKUP TIME	PICK UP LOCATION	Riders: _____ # Students _____ # Adults _____ # Wheelchair Students _____ # Total Riders _____ # Equipment busses needed	
RETURN DATE	BUS STAY WITH GROUP YES <input type="checkbox"/> NO <input type="checkbox"/>	RETURN TO SCHOOL TIME			
DESTINATION					
ADDRESS				Busses (to be filled out by Trans): _____ # Regular busses _____ # Lift busses needed for wheelchair students _____ # Equipment busses _____ # Total busses	
CITY		STATE			
COMMENTS:					
EARLY RELEASE FROM SCHOOL: TIME for RELEASE from class:					
REQUESTED BY		DATE	CONTACT PHONE		
APPROVED BY		DATE	VAN <input type="checkbox"/> CAR <input type="checkbox"/>		
RULES – PLEASE READ CAREFULLY					
<input checked="" type="checkbox"/> THE BUS SHALL NOT LEAVE THE SCHOOL WITHOUT A RIDERSHIP LIST PROVIDED BY THE SCHOOL					
<input checked="" type="checkbox"/> A MEMBER DESIGNATED BY THE SCHOOL (FACULTY, COACH, CHAPERONE OR ADMINISTRATIVE STAFF MUST BE PRESENT ON THE BUS DURING SCHOOL ENDORSED TRIPS).					
<input checked="" type="checkbox"/> NO FOOD OR DRINKS ALLOWED ON SCHOOL BUSES					
THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT					
DATE APPROVED	APPROVED BY		DISAPPROVED BY		
TRIP CANCELLED BY	DATE	TIME	CANCELLATION RECEIVED BY		
THIS SECTION TO BE COMPLETED BY DRIVER					
VEHICLE DRIVER			VEHICLE NO.		
RETURN TIME	RETURN MILEAGE		RIDERSHIP LIST RECEIVED		
DEPARTURE TIME	F GRCTVWTG'OGKNGCI G				
TOTAL TIME	TOTAL MILEAGE		BUS EVACUATION EXPLAINED		
DRIVERS SIGNATURE:			DATE		
CONFIRMATION WILL BE RETURNED TO U EJ QQN'qt"CVJ NGVIE'QHHEG					
<i>(St. Louis Public Schools, MI acknowledges and gives credit for the original format of this document to www.owensboro.kyschools.us)</i>					