

<p>1. This request must be turned in to Transportation at least fourteen (14) days prior to the scheduled trip.</p> <p>2. A separate request must be filled out for each trip.</p> <p>3. This request must provide an account number to be charged.</p>	<p>ST. LOUIS PUBLIC SCHOOLS TRANSPORTATION DEPARTMENT</p> <p>989-681-3532</p>	<p>Today's Date:</p> <p>Field trips <u>AND</u> Extracurricular trips must be scheduled with specific beginning and ending times</p>	
<p>BILL TO ACCOUNT:</p>			
<p>THIS SECTION TO BE COMPLETELY FILLED OUT BY <u>TEACHER/ADVISOR and PRINCIPAL</u></p> <p style="text-align: center;">Or (Check One)</p> <p>THIS SECTION TO BE COMPLETELY FILLED OUT BY <u>COACH and ATHLETIC DIRECTOR</u></p>		<p>Estimated costs are \$ _____ per mile and \$ _____ per hour per driver</p>	
SCHOOL		GROUP/CLASS	
DEPARTURE DATE	DEPARTURE TIME	REQUESTED ON SITE PICKUP TIME	PICK UP LOCATION
RETURN DATE	BUS STAY WITH GROUP YES <input type="checkbox"/> NO <input type="checkbox"/>	RETURN TO SCHOOL TIME	
DESTINATION			
ADDRESS			
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"/>
<p>RULES – PLEASE READ CAREFULLY</p> <p><input checked="" type="checkbox"/> THE BUS SHALL NOT LEAVE THE SCHOOL WITHOUT A RIDERSHIP LIST PROVIDED BY THE SCHOOL</p> <p><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).</p> <p><input checked="" type="checkbox"/> NO FOOD OR DRINKS ALLOWED ON SCHOOL BUSES</p>			
<p>THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT</p>			
DATE APPROVED	APPROVED BY	DISAPPROVED BY	
TRIP CANCELLED BY	DATE	TIME	CANCELLATION RECEIVED BY
<p>THIS SECTION TO BE COMPLETED BY DRIVER</p>			
VEHICLE DRIVER		VEHICLE NO.	
RETURN TIME	RETURN MILEAGE	RIDERSHIP LIST RECEIVED	
DEPARTURE TIME	F GRCTVWTG'GO KNGCI G		
TOTAL TIME	TOTAL MILEAGE	BUS EVACUATION EXPLAINED	
DRIVERS SIGNATURE:		DATE	
<p>CONFIRMATION WILL BE RETURNED TO U EJ QQN'qt"CVJ NGVIE'QHHEG</p>			
<p><i>(St. Louis Public Schools, MI acknowledges and gives credit for the original format of this document to www.owensboro.kyschools.us)</i></p>			

Riders:

____ # Students ____ # Adults
 ____ # Wheelchair Students
 ____ # Total Riders
 ____ # Equipment busses needed

Busses (to be filled out by Trans):

____ # Regular busses
 ____ # Lift busses needed for wheelchair students
 ____ # Equipment busses
 ____ # Total busses