

# SOUTH SPENCER COUNTY SCHOOL CORPORATION

2340 F1

## TRANSPORTATION REQUEST FORM

Out of State/ Overnight \_\_\_\_\_ Yes \_\_\_\_\_ No      Date of Board Approval \_\_\_\_\_

Today's Date \_\_\_\_\_ Vehicle Request: \_\_\_\_\_ Bus \_\_\_\_\_ Wheelchair Bus

\_\_\_\_\_ Activity Bus \_\_\_\_\_ Other

You're Name \_\_\_\_\_ Class \_\_\_\_\_

Date of Trip \_\_\_\_\_ Destination \_\_\_\_\_

Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_ Cost Paid By \_\_\_\_\_

Number of Passengers \_\_\_\_\_ Purpose of Trip \_\_\_\_\_

Course of Study \_\_\_\_\_

Learning Objectives to be accomplished \_\_\_\_\_

Course Objectives the Learning Objectives will Help Achieve \_\_\_\_\_

Vehicle Approval			
Trip Approved _____	Trip Disapproved _____	Principal _____	Date _____
Trip Approved _____	Trip Disapproved _____	Corporation _____	Date _____

This staff member in charge will have a *COMPLETE EMERGENCY MEDICAL FORM* for each student on the Field Trip.

\_\_\_\_\_  
Signature

### Driver Report

This is to certify that the above trip was made under the Board of Education policies.

Date \_\_\_\_\_ Vehicle \_\_\_\_\_ Assigned Driver \_\_\_\_\_

Return Mileage \_\_\_\_\_ Return Time \_\_\_\_\_

Start Mileage \_\_\_\_\_ Depart Time \_\_\_\_\_

Total Mileage \_\_\_\_\_ Total Time \_\_\_\_\_

Trip Number \_\_\_\_\_ Driver's Signature \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_