ACTIVITY TRIP REQUEST FOR TRANSPORTATION
UNIFIED SCHOOL DISTRICT 473

Attendance Center _____ Date _____

Destination _____ **Date Leaving** _____

Activity _____ Leaving Time _____

Number of **Students** _____ **Date Return** _____

Number of **Adults** _____ Return Time _____

Driver Needed _____Yes _____No
(Check one)

Requested by _____ and _____
Sponsor Building Principal

APPROVED BY: _____and_____
Superintendent Transportation Route Clerk

Driver:_____Bus No./Car_____

Speedometer Reading: _____ _____ _____
Start Stop Total Trip

An accurate record of special and activity trips is required for a variety of reports.

Please submit this request at least one week prior to the activity..

After approval, copies will be filed at the Transportation Office and with the sponsor or principal.

For a series of events such as football, only one request together with an attached schedule fulfills the requirement.

Notes: