

ACTIVITY TRIP REQUEST FOR TRANSPORTATION
UNIFIED SCHOOL DISTRICT 473

Attendance Center _____ Date _____

Destination _____ **DATE LEAVING:** _____

Activity: _____ **TIME LEAVING:** _____

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

Number of **Adults:** _____ Return Time: _____

Driver Needed _____ Yes _____ No
(Check one)

Requested by: _____ and _____
Sponsor Building Principal

Approved by: _____ and _____
Superintendent Transportation Director

Driver: _____ Bus No./Car: _____

Speedometer Reading: _____
Start Stop Total Trip

DRIVER INSPECTION: Walk around safety check: _____

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: