

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 _____
Requesting Sponsor Building Principal

Approved by: _____ and _____
Superintendent Transportation Director

Driver: _____ Bus No./Car: _____

Speedometer Reading: _____
Start Stop Total Trip

Gallons Fuel: _____

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 from building administrator, email to Transportation Director, and "CC" building administrator. For a series of events such as sports, only one request together with an attached schedule fulfills the requirement.

NOTES: