

SOUTH SPENCER COUNTY SCHOOL CORPORATION

TRANSPORTATION REQUEST FORM

Out of State/Overnight: Yes _____ No _____ Date of Board Approval _____

Today's Date _____ Vehicle Request: Bus _____ Activity Bus _____ Wheelchair Bus _____ Other _____

Your Name _____ Class & School _____

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 this 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 _____