

# Cusick School District #59 Field Trip Bus Request

Name: \_\_\_\_\_ Activity: \_\_\_\_\_

Supporting Funds: \_\_\_\_\_

Date	Site	Depart Time	Arrival Time	Return to school	# of Passengers	Miles One-Way	Drive Time	Meal Stop	Driver	Bus #

**\*This request must be signed and dated electronically and forwarded in the order below for approval.**

**Date:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Principal:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Transportation Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Superintendent:** \_\_\_\_\_

**Driver Lunch:**      **Bring Own** \_\_\_\_\_      **Stopping** \_\_\_\_\_      **Provided** \_\_\_\_\_

**\*Teacher will complete the following categories: (1) Name (2) Activity (3) Supporting Funds (4) Date (5) Site (6) Meal Stop (7) Desired Arrival (8) Return to School (9) Driver Lunch before forwarding it to the Principal for approval.**

**\*\*Transportation Director will complete the following categories: (1) Miles One-Way (2) Drive Time (3) Depart (4) Driver (5) Bus # before forwarding it to the Superintendent for approval.**

**\*\*\*Once approved by the Superintendent, the request will be forwarded to the Superintendent's Secretary for distribution to the following: (1) Transportation Department (2) Originating Teacher (3) Kitchen (4) Bulletin (5) School Nurse (6) Posted on the Office Bulletin Board and District Calendar**

**Driver Bid:** \_\_\_\_\_