

# Trip Request Form

Anyone requesting to transport students by bus must submit a *Trip Request Form* to M.Aubert ([maubert@sjpsb.org](mailto:maubert@sjpsb.org)) or D. Long ([dlong@sjpsb.org](mailto:dlong@sjpsb.org)) no later than **10 school days** prior to the trip date.

## For School Use Only:

School: _____	Date(s) of Trip: _____	Date of Request: _____
Requester: _____		Email Address: _____

Choose One: ☐ Athletics: \_\_\_\_\_ ☐ Co-Curricular ☐ Extra-Curricular

(Choose ONE)

- ☐ I **DO** need a driver. Note: \_\_\_\_\_
- ☐ I do **NOT** need a driver assigned. \_\_\_\_\_ has agreed to drive for this trip.

Pick Up Location : \_\_\_\_\_ Departure Time: \_\_\_\_\_ Pick Up Time to Return Home : \_\_\_\_\_  
**!! Drivers must return by 2:00 in order to drive their regular routes !!**

Trip Destination: \_\_\_\_\_ Destination Address: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

I will need \_\_\_\_\_ regular bus(es) Number of Students: \_\_\_\_\_

I will need \_\_\_\_\_ SPED buses Number of SPED Students: \_\_\_\_\_

Explain SPED student's health and mobility needs: \_\_\_\_\_

- ☐ I have \_\_\_\_\_ SPED students that will require a wheelchair lift.

List Attending Chaperones/Sponsors: \_\_\_\_\_

Projected Driver Cost: \$ \_\_\_\_\_ Projected Gas Cost: \$ \_\_\_\_\_

Principal or AD Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature: _____	Date: _____
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## For Transportation Department Use Only:

Transportation Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature: _____	Date: _____
	<input type="checkbox"/> Emailed to First Student		Signature: _____	Date: _____

## For First Student Use Only:

<input type="checkbox"/> Received Request	Signature: _____	Date: _____
<input type="checkbox"/> Emailed receipt request to <a href="mailto:maubert@sjpsb.org">maubert@sjpsb.org</a> , Principal/AD and requester above. Initials: _____ Date: _____		
<b>***** The day before the trip, the dispatcher will email the requestor with driver and bus assignment details.*****</b>		

## For Finance Department Use Only:

Check #: _____	Amount: \$ _____	Receipt Verified by: _____	Date: _____
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