

Northampton County Schools

Request For Use of Activity Bus

School: _____

Purpose of Trip: Academics _____
 Athletics _____
 Other (explain) _____

Date(s) of Trip: _____
Estimated Round Trip Distance: _____
Brief Description of Route: _____

Teacher Signature: _____

All regulations governing the use of Northampton County Schools' activity buses have been read and are understood. The use of this activity bus is within regulation guidelines and is therefore requested by:

Principal's Signature: _____
Date: _____

Director/Supervisor: Approved _____ Not Approved _____
Signature: _____ Date: _____

Superintendent/Designee: Approved _____ Not Approved _____
Signature: _____ Date: _____

Number of Bus Used: _____
Odometer Reading (return): _____
Odometer Reading (pickup): _____
Total Mileage of Trip: _____
Driver's Signature: _____
Driver's Comments: _____

*** FOR BUS GARAGE USE ONLY ***

Return Inspection performed by:
Signature: _____ Date: _____

_____ Clean: _____
_____ Damage: _____
_____ Mechanical: _____
_____ Mileage: _____
_____ Total Trip Cost: _____