

**WICKLIFFE CITY SCHOOLS
REQUEST FOR BUS TRANSPORTATION**

ORGANIZATIONS

Field Trip requests with pick up times before the completion of our afternoon schedules may need to be adjusted due to daily staffing needs and demands.

Requests must be in the Transportation Supervisor's office 15 days before date of trip with all spaces completed.

**TRIP DAY &
DATE** _____ **GROUP** _____

GRADE _____ **PURPOSE OF TRIP** _____

NO. OF STUDENTS _____ **NO. OF TEACHERS/COACHES** _____

DESTINATION _____ **ADDRESS** _____

CITY _____ **TELEPHONE NUMBER** _____

SPECIAL INSTRUCTIONS SUCH AS ROUTES, DIRECTIONS, PARKING SUGGESTIONS AND OTHER HELPFUL GUIDES TO AID IN PLANNING THIS TRIP WILL BE PROVIDED BY THE REQUESTER.

PICK UP TIME AT SCHOOL _____ **AM PM** **PICK UP LOCATION** _____

LEAVE DESTINATION _____ **AM PM** **RETURN TIME** _____ **AM PM**

CONTRACTING GROUP NAME _____

CONTACT NAME & PHONE NUMBER _____

BILLING ADDRESS _____

I certify that I am authorized to sign on behalf of the school group and will reimburse the Board of Education fifty percent (50%) of the total cost of this request.

SIGNATURE

MILEAGE END _____ **GROUP USING BUS #** _____

MILEAGE START _____ **DRIVING START TIME** _____

TOTAL MILEAGE _____ **IDLE TIME** _____

DRIVING END TIME _____

TOTAL HOURS _____

DRIVER ASSIGNED TO TRIP