

This form must be submitted to the Transportation Office twelve (12) or more school days in advance of the trip.

BUS TRANSPORTATION
CARLISLE LOCAL SCHOOLS

Date of Request _____ Requested by _____
Field Trip Date _____ Career Ed _____ Curricular _____ Co-Curricular _____
Destination _____
(Company or name of place) (Address) (City)

Class or Group _____
Number of persons involved: _____ Students _____ Adults _____

Where will bus load for departure? _____
Bus should be ready to board at: _____ A.M. Will depart: _____ A.M.
P.M. P.M.

DEPARTURE FOR RETURN TRIP
Bus should be ready to board at: _____ A.M. Will depart: _____ A.M.
P.M. P.M.

ANY CHANGES SHALL BE IN WRITING.
*****TEACHER'S REQUEST ENDS AT THIS POINT*****

APPROVALS
Building Principal _____ Date _____ Approved _____ Disapproved _____
Assistant Superintendent _____ Date _____ Approved _____ Disapproved _____

AUTHORIZATION FOR TRIP
Bus # _____ Assigned Driver's Name _____

DRIVER'S REPORT (Fill out two copies before separating and keep yellow copy - return pink to Treasurer)
Bus returned _____ A.M. Date of trip _____
Depart for trip _____ A.M. Odometer reading: Return _____
P.M. Out _____
Total Driver's time _____ Total Miles _____
required _____ hours

Behavior of students:
Condition of bus at end of trip:

CENTRAL OFFICE USE ONLY
Rate per hour _____ x No. hours @ _____ = _____
Rate per mile _____ x No. miles @ _____ = _____
Actual Cost of Trip _____
GL CODE _____ Fund _____ Funct _____ Obj _____

TEACHER REPORT AFTER TRIP FOR SERVICE EVALUATION - Please return gold copy to Director of Transportation

Driver on time _____; late _____
Service & courtesy of driver;
Good _____ Fair _____ Poor _____

Routing following approvals:
White Copy - Director of Support Services
Yellow Copy - Driver
Pink Copy - Director then Treasurer
Gold Copy - Teacher (After trip return to Director)

COMMENTS