

BUS \_\_\_\_\_

NO. OF BUSES \_\_\_\_\_

MINI BUS \_\_\_\_\_

COST OF EACH \_\_\_\_\_

**LAKE STATION COMMUNITY SCHOOLS  
REQUEST FOR TRANSPORTATION**

**TYPE OF TRIP:**     FIELD TRIP \_\_\_\_\_ ATHLETIC TRIP \_\_\_\_\_ ACADEMIC TRIP \_\_\_\_\_

DATE OF TRIP \_\_\_\_\_ GRADE OR CLASS \_\_\_\_\_

LEAVE FROM \_\_\_\_\_ DEPARTURE TIME \_\_\_\_\_

DESTINATION \_\_\_\_\_

RETURN TO \_\_\_\_\_ RETURN TIME \_\_\_\_\_

NUMBER OF STUDENTS \_\_\_\_\_ NUMBER OF ADULTS \_\_\_\_\_

PERSON REQUESTING VEHICLE \_\_\_\_\_

PRINCIPAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TRANSPORTATION SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

TRANSPORTATION DIRECTOR APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

**EDUCATIONAL TRIP DESCRIPTION**

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Does this trip require continuous communication with driver? \_\_\_\_\_

If yes, does the teacher or teachers in charge have a cellular phone? \_\_\_\_\_

***Submit this form no later than 2 weeks before trip.***

***For Central Office Use***

Cc:     \_\_\_\_\_ Driver     \_\_\_\_\_ School     \_\_\_\_\_ Sponsor     \_\_\_\_\_ Coach     \_\_\_\_\_ Admin File x 2