



Belpre City Schools
Request for School Bus Transportation



Date filed: _____
(Please file one week in advance.)

School: _____

Date of trip: _____

Class/group making trip: _____

Destination: _____

City: _____ State: _____ Athletic/Band/Choir trip _____ Curricular trip

Departure time from school: _____ Return time: _____ # of busses needed: _____

pupils: _____ # teachers: _____ Will a handicap bus be required? _____ Yes _____ No

Reason for Trip: _____

Teachers/Staff making trip: _____

Non-routine Stop (McDonald's, Wendy's, etc.): _____
(Adult in charge will be responsible for all non-routine stops.)

Requested by: _____
Principal/Athletic Director

This is to certify that this trip is in conformity with the rules and regulations as established by the State Department of Education:

_____ Approved _____ Not Approved _____ Date granted: _____
Superintendent Signature

This section to be completed by transportation department.

Non-Routine Bus Trip Ticket

Local bus number: _____ Bus ID number: _____

Time leaving: _____ Time returning: _____ Total time: _____

Mileage leaving: _____ Mileage returning: _____ Total miles: _____

Driver's Signature: _____ Driver's ID #: _____

Teacher's Signature: _____

Issued in Triplicate – two copies to the bus driver, third copy for the Superintendent's file. Once the trip is completed, the driver is to fill in the time and number of miles on both forms, sign, and deposit one copy in the trip envelope in the bus garage.