

**CLINTON-MASSIE LOCAL SCHOOL DISTRICT
REQUEST FOR EXTRA-CURRICULAR SCHOOL BUS TRIP**

NOTE: Submit one copy at least one week before the trip is to be made.

PART ONE – To be completed by the person making the request.

Date of Trip: _____ Person in Charge: _____
Building: _____ Group: _____
Destination: _____ Number of Riders: _____
Cost of Admission: _____ Approx. # of Miles: _____
Number of Buses Needed: _____ Number of Chaperones: _____
Time of Departure: _____ Approx. Time of Return: _____
Approved By: _____ Date Approved: _____
Administrator's Signature

PART TWO – To be completed by Treasurer's Office.

Total Cost: _____ Cost per Student: _____
Approved By: _____
Treasurer's Signature

**PART THREE – To be completed by the bus driver(s).
(Make copies as needed for each bus)**

Bus Number: _____
Odometer Reading (Begin): _____ Odometer Reading (End): _____
Departure Time: _____ Return Time: _____
Total Miles: _____ Total Hours: _____

Bus Driver's Signature Transportation Supervisor's Signature

*** Please return to the Transportation Supervisor upon trip completion ***