

TRANSPORTATION REQUEST

REQUESTED BY (Class, Club, or Organization) _____

SUPERVISOR _____

CHAPERONES, if any _____

DATE OF TRIP _____ DAY _____

BUILDING OR PLACE _____

ADDRESS	CITY	STATE	PHONE NUMBER
EVENT _____			
TIME EVENT BEGINS _____ (a.m. / p.m.)			
LOADING TIME AT LOADING SITE _____ (a.m. / p.m.)			
LEAVE LOADING SITE _____ (a.m. / p.m.)			
APPROX. DEPARTURE FROM EVENT _____ (a.m. / p.m.)			
APPROX. RETURN TIME AT COLBY _____ (a.m. / p.m.)			

<p>Will you be stopping for food? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Yes, where?</p> <p>_____</p> <p>_____</p> <p>Time? _____ a.m./p.m.</p>
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TOTAL NUMBER OF PASSENGERS (include **ALL** adults) _____

BUS WILL LOAD AT: ___ High School ___ Middle School ___ Colby Elem. ___ Little Stars

INDICATE SPECIFIC LOADING AREA AT YOUR SCHOOL _____

REQUEST FOR: ___ Bus ___ Handicapped bus ___ # of car seats ___ # of seat belts

EXTRACURRICULAR TRIP AUTHORIZATION

This form serves as an authorization for a school bus to transport pupils on a school-sponsored trip in accordance with Section 121.54(7), Wisconsin Statutes. This bus is under contract with the school district.

***** OFFICE USE ONLY *****

Bus Contractor: ___ Burnett
 ___ Parkside

TRANSPORTATION SCHEDULED:
Date ___/___/___ Time ___:___ (a.m. / p.m.)

Payment: District
 Club or Organization
 Trip # _____

COPIES TO: (date sent)
Contractor ___/___/___
Advisor ___/___/___
Bldg. Administrator ___/___/___

ADMINISTRATIVE APPROVAL

RECORDED BY _____
On Calendar _____
To Front Office _____

(over)

Educational Objective (Describe below how this fits into your curriculum):
