

Independent School District #314 / Bus Request Form

Protocol:

- Fully complete items 1-10 below and submit to your immediate supervisor at least 7 business days in advance of date service is required. You will receive a copy after all signatures have been collected.

1. Today's Date: _____ Date(s) Service Needed: _____
2. Number of Students: _____ Number of Adults: _____
 - a. ____ 20 or under Passenger Bus (Up to 20 Adults, 2 Per Seat)
 - b. ____ 77 Passenger Bus (50 Adults, 2 Per Seat)
3. Destination: _____
 - a. Street: _____
 - b. City: _____
4. Person Requesting: _____
5. Group to be Charged: _____
6. Times:
 - a. Departure Time: _____
 - b. Time Event Begins: _____
 - c. Time you expect the bus to be back in Braham: _____
7. Loading Point: _____
8. Chaperones: _____
9. Lunch Stop: ____ Yes ____ No If Yes, Where: _____
10. Signature: _____

OFFICE USE ONLY

____ Approved ____ Disapproved _____ Date _____
Building Principal

____ Approved ____ Disapproved _____ Date _____
Superintendent

If activity give to Comm. Ed. / AD Secretary If field trip or Sp. Ed. give to HS Media Secretary

_____ Date Faxed to Braham Bus (320-396-4265) _____ initials

Original - requester

yellow - File

pink - accounts payable