



CENTRAL ELEMENTARY – HIGH SCHOOL

REQUEST FOR BUS USE

FIELD TRIP FORM

Date of Request _____ Date of Trip _____

Time of Departure _____ Time of Return _____

Name of Class or Group to Make Trip _____

Name of School Making Request _____

Destination of Trip _____ Overnight: Yes ___ No ___

Purpose of Trip _____

Number to make trip _____ Number of lunches needed _____

Distance One Way _____ Round Trip Distance _____

Give name or names of person(s) responsible for the supervision of the trip:

Principal _____ Date _____

AUTHORIZATION

Trip Authorization By _____ Date Authorized _____

Driver Assigned _____ Bus # Assigned _____

Fee per mile _____

DRIVER'S REPORT ON TRIP

Bus # _____ Beginning Speedometer Reading _____ Ending _____

Total miles traveled on Trip _____

_____ miles X _____ per mile = _____

Bus Driver's salary _____ Bus Driver's Signature _____