Bus Request

Transportation Office (503) 668-8855 fax (503)662-7290

Date of Request_____

Please submit at least two weeks prior to trip. Limited number of buses are available on a first come – first served basis. (Especially important in April, May and June)

School_____ Requested by_____ Phone No._____ No. of buses*_____

Date of trip_____ Destination_____ Purpose of trip_____

Name of Group_____ Grade Level(s)_____ No. Students _____ No. Adults_____

Point of Departure_____ Loading Time_____

This bus will wait at destination ☐ This bus will drop off, leave, and return for pick-up ☐

Load to Return Time_____ Arrival back at School Time_____

Special needs/requests _____

Name of chaperone/coach/teacher(s) riding bus _____

SANDY HIGH SCHOOL USE ONLY

Substitute Request: EB 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 All Day None (Circle whichever applies)

Students to be gone: EB 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 All Day None (Circle whichever applies)

Budget Code (must check one and complete coding below or request will be rejected):

☐ General Fund Code: _____ Requisition No._____ (Only required for year-long recurring trips.)

☐ Other Fund Code:_____ Grant Name (if applicable): _____

Bill for Reimbursement to (if applicable e.g. ASB Club, PTC, etc.):_____
Name

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(Requests without Administrator approval will not be processed)

_____	_____	_____	_____
Staff Member	Date	Administrator Approval	Date
_____	_____	_____	_____
Department Head Approval	Date	STA Confirmation	Date

A list of names for those students transported on this trip must be maintained by the school building (not by Transportation Contractor) and be available at request before and during the trip. Do not let the lack of names delay your submitting this request to transportation.

**72 passenger bus seats 48 people, two per seat; 81 passenger bus seats 54 people, two per seat.*

Revised 1/28/2019