

CLOVERLEAF LOCAL SCHOOLS
REQUEST FOR SCHOOL BUS USE

Distribution:	
_____	Transportation – Original & Copy
_____	Supt. Office - Copy
_____	Principal - Copy
_____	Treasurer Office

I HEREBY REQUEST THE USE OF A SCHOOL BUS ON _____, TO TRANSPORT _____ PUPILS
date

AND _____ ADULTS TO _____ FROM _____

BUS TO LEAVE AT _____ AM/PM AND RETURN AT APPROXIMATELY _____ AM/PM.

PLEASE NOTE: FIELD TRIPS SHOULD BE SCHEDULED SO THAT DEPARTURE TIME IS NOT BEFORE 9:00 A.M. AND TIME OF RETURN IS BEFORE 2:15 P.M. DURING THE SCHOOL WEEK.

DETAILED SPECIAL INSTRUCTIONS TO DRIVER, ALL STOPS (LUNCH, ETC.) **MUST** BE NOTED ON FORM.

ACTIVITY OR GRADE _____

Signature of Teacher/Chaperone

BILLABLE GROUP: () GENERAL FUND () ATHLETICS () PTO

() OTHER _____

ACCOUNT # _____ BILLING ADDRESS: _____

Approval by Principal

ACKNOWLEDGMENT OF SCHOOL BUS USE
(CENTRAL OFFICE USE)

REQUEST () APPROVED () DISAPPROVED BY _____ DATE _____

DRIVER ASSIGNED _____ BUS# _____

BUS DRIVER REPORT

I HAVE COMPLETED THE ABOVE TRIP ON _____ AND REPORT THE FOLLOWING:
Date

DRIVER HOURS:

ODOMETER READING:

TIME LEAVING _____

BEGINNING READING _____

TIME RETURNING _____

ENDING READING _____

TOTAL TIME _____

TOTAL MILEAGE _____

PASSENGER COUNTS:

NUMBER OF STUDENTS _____

NUMBER OF ADULTS _____

Signature of bus driver

Date

Driver, please return white copy to transportation office for processing