

REQUEST FOR BUS/VAN USE
Northlake Christian School

Requested By: Preschool Elementary Jr. High High School Athletics Other

Request For: School Bus White Van Grey Van

Submitted By: (*Person making request*) _____ Date: _____

Name of Class or Group to make trip: _____

Number to be transported: Adults _____ Students _____ Date of trip: _____

Names of person(s) responsible for supervision of the trip: _____

Destination: _____ Departure Time: _____

Purpose of Trip: _____ Returning Time: _____

Distance One Way: _____ Distance Round Trip: _____

On Calendar: _____ Signature of Principal: _____

OFFICE USE ONLY

Date: _____ Bus Driver Contacted (name) _____

Vehicle Assigned: _____ Notified Admin/Athletics: _____ Checked Calendar: _____

School Policy Memo given to Chaperones/Drivers: _____

DRIVERS REPORT ON TRIP

Date _____ Driver _____ License Number _____

Starting Odometer Reading _____ Ending Odometer Reading _____

Request reimbursement for trip expense (list below) \$ _____

List any mechanical concerns, names of students who may have misbehaved, gotten ill, etc.:

Thank You!

I certify that NO FOOD OR DRINK was allowed in this vehicle(s) during this trip and that the vehicle was cleaned of ALL DEBRIS, clothing, etc.

_____ Rec.'d in Office on _____ by _____

Driver's Signature

Date

Date

Staff Initial

Five Copies Needed: Office Originator Bus Driver Accounts Payable Department File