

SCHOOL BUS REQUEST AND TRIP REPORT
Attica U.S.D. #511

Date of Trip _____

Employee: _____ Purpose of Trip _____

Destination _____ Total No. of All Passengers _____

Time of Departure _____ a.m. _____ p.m. Return Time _____ a.m. _____ p.m.

Approval by Principal _____ Date _____

Approval by Supt. _____ Date _____

Forward 2 copies 10 days prior to trip date to:
BUS SHOP

Student Activity Bus Evacuation procedures and Location of Emergency Exits and Equipment. To Be Read Aloud By Bus Driver in the Bus Before Leaving the Loading Area.

Sponsor _____ Evacuation Instruction: Yes No (Circle One)

Approved by _____ Date _____

TRIP REPORT

Total No. of Passengers _____ Vehicle No. _____

Starting Mileage _____ Finished Mileage _____ Total Mileage _____

Start time _____ End time _____ Total Hours _____

Remarks: _____

Driver _____ Date _____