

Today's Date _____

Request for Trip Bus Use Jackson R-2 School District

Confirmation Number

Teacher's Name: _____ School: _____ Grade Level/Group: _____

<p>Number to make Trip: _____ = Students _____ + Adults _____</p> <p>Day: M T W TH F S Date of Trip: _____</p> <p>Bus times: _____</p> <p>School by: _____ Arrive Destination: _____ Leave Destination: _____ Return to School: _____</p>
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Destination(s) of trip (include address):

Phone number of destination: (____) _____ Point of contact at destination: _____
If available

Purpose of trip:

Stop for Lunch: __ Yes __ No if yes where and location: _____
(If students will not be at school for lunch please notify Cook Manager)

Special Instructions for Driver:

Name(s) of person(s) responsible for the supervision of the Trip:

Authorization

Principal's Signature/Date

Transportation Office
Number of Buses: _____

Send one copy to the Transportation Office

Bill trip to: _____

Transportation Director's Signature

Driver: _____

Bus # _____

Forms are due in the Transportation Office Two (2) weeks in advance.

VERY IMPORTANT INSTRUCTIONS ON BACK