

KELSO SCHOOL DISTRICT - TRANSPORTATION DEPARTMENT
2016 / 2017 TRIP REQUEST FORM

One request form is required for each trip requested.

Requests should be submitted at least **10 business days** in advance of trip date.

Transportation cannot guarantee a specific bus or driver.

Current Date Date of Trip No. of Regular Buses Requested

Requested Leave Time Leave Destination Return to School

Pickup Location Other Location

Destination

Physical Address

Number of Student Passengers Grade Adults / Coaches

Do you require an additional wheelchair bus? If Yes - Name of Student

Special Accommodations

Other Accommodations

Requested By Extension # Cell #

Type of Trip Specify Group or Team

WAC 392-145-021 When a teacher, coach, or other certificated staff member is assigned to accompany students on a school bus, such person shall be responsible for the behavior of the students in his or her charge, and shall ensure that passengers comply with state rules, district policies and district procedures for student transportation. **However, the school bus driver shall have final authority and responsibility.**

Authorized By Account Code

THIS SPACE COMPLETED BY THE TRANSPORTATION OFFICE

# Miles <input type="text"/>	REG Time <input type="text"/>	OT Time <input type="text"/>	TOTAL Time <input type="text"/>	TOTAL TRIP COST
Miles Cost <input type="text"/>	REG Time Cost <input type="text"/>	OT Time Cost <input type="text"/>	TOTAL Time Cost <input type="text"/>	<input type="text"/>

Driver(s) Assigned _____

Bus(s) Assigned _____ Student d/o & p/u _____

Trip # _____ Meals \$ _____

In conjunction with RT? AM MID PM OTHER	FUEL - GAL= _____ x \$ _____ = _____	HOURS - REG= _____ / OT= _____
	FUEL - GAL= _____ x \$ _____ = _____	HOURS - REG= _____ / OT= _____
	FUEL - GAL= _____ x \$ _____ = _____	HOURS - REG= _____ / OT= _____
	FUEL - GAL= _____ x \$ _____ = _____	HOURS - REG= _____ / OT= _____