**Rev051118**

**WEST POINT CONSOLIDATED SCHOOL DISTRICT**

**REQUEST TO USE SCHOOL BUS FOR ACTIVITY TRIP**

|  |  |  |  |
| --- | --- | --- | --- |
| School: | | Date: | |
| Purpose of Trip: | | | |
| Name of Driver with CDL: | | | Number of Buses: |
| Date of Departure: | Time of Departure: | | |
| Route to be Followed: | | | |
| Destination: | | | |
| Date of Return: | | Time of Return: | |
| Number of Pupils to be Transported: | | | |
| Name of Safety Council Member(s) for the Trip: | | | |
| Account No. to be Charged: | | | |

**The supervising teacher must agree to enforce these rules:**

1. The conduct of the student is the supervising teacher’s responsibility.
   * Students are not to make loud and unnecessary noise
   * The supervising faculty member must not allow students to bring radios, tape players, etc, on the school bus
2. The school bus/van must remain clean and sanitary at all times.
3. Money to pay for the use of the bus/van and driver must be turned in to your building principal’s office. Sponsor(s)/supervising faculty member(s) are not to pay the bus driver(s).

**Do’s and Don’ts for driving any school vehicle:**

1. No alcohol or drugs in vehicle.
2. No cell phone use while driving.
3. Only authorized persons are allowed to drive school vehicles.
4. No unauthorized passengers are allowed in school vehicles.
5. All medication that could impede driving ability should be reported to proper authorities before driving a school vehicle.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising/Sponsor Faculty Member(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DO NOT WRITE BELOW THIS LINE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

( ) Approved

( ) Disapproved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant Superintendent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Permit sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation Director Date Date

------------***THIS ONLINE FORM MUST BE PRINTED ON YELLOW PAPER***----------