



PICKENS COUNTY SCHOOLS

Aliceville~Carrollton~Gordo~Reform



INSPIRING ETHICAL LEADERS...ONE CHILD AT A TIME

Jamie Chapman, Superintendent

FIELD TRIP/BUS REQUEST AND DRIVER'S REPORT

Permit Number _____

Each request per bus must be received in the office of the Superintendent at least **five (5)** days before the date of the trip. No trip is to be made without an approved request form bearing the signatures of the principal, superintendent, transportation supervisor and mechanic. Mail check for total due with monthly payroll to central office and send statement to Bus Shop.

This form is to be completed whether or not a school bus is used for transportation.

DATE OF REQUEST _____ SCHOOL _____ Funding if Different: _____

Date of Trip _____ Time of Trip: (DEPART) _____ (RETURN) _____

Name(s) of Certified Sponsor _____

Destination _____

Connection to Curriculum _____

Means of Transportation: School Bus or Charter Bus Service (Please circle one)

Name of Driver or Charter Bus Service _____ # of Students _____

Students Away During Lunch ___ Yes ___ No Sack Lunches Requested ___ Yes ___ No

Do Any of the Students Require Special Medical Consideration ___ Yes ___ No If yes, explain: _____

DATE APPROVED	REQUIRED PERSONNEL	SIGNATURES
	SCHOOL NURSE	
	PRINCIPAL	
	CENTRAL OFFICE	
	TRANSPORTATION	
	MECHANIC	

To be completed by Driver:

Bus to Be Used: _____ Start Time: _____ End Time: _____ Total Time Spent: _____

Beginning Mileage: _____ Ending Mileage: _____ Total Mileage: _____

Bus	Odometer	Diesel	Oil	Cost	Amount

Driver to be Paid: ___ Yes ___ No

Driver's Signature _____

(If no- waiver form must be attached)