Total # Passengers: _____
Trip Number: _____
Bus Assigned: _____
Bus Driver Assigned: _____ / _____

USD 339, Jefferson County North
School Bus Request Form

Event Information

Date of Activity _____ Sponsor Name _____

Purpose of Trip _____

Destination _____

_____

Eating Arrangements _____

Special Circumstances _____

Event Time _____ a.m./p.m.

Leave Time From: H.S. _____ EMS _____ Arrive Home _____

Principal _____ Sponsor _____ Transportation Coordinator_____

Passenger Information

Number of Students _____ Number of Sponsors _____

Special Circumstances _____

Drivers

Beginning Time _____ Ending Mileage _____

Ending Time _____ Beginning Mileage _____

Total Hours _____ Miles Driven _____

Condition of the bus after the trip: Bad Fair Good
If not good please explain _____

Drivers Signature _____

Substitute Driver Needed: Yes No

Driver Requested _____