

ACTIVITY BUS REQUEST FORM

This form must be completed and submitted to the principal for approval. Upon this initial approval by the principal, a call should be made to the individual who schedules the buses in order to preliminarily schedule the trip, which is subject to change based upon administrative decision. Once this is done, the form must be submitted to the Mitchell County Schools Administrative Offices for consideration by the superintendent, transportation director or their designees. All Overnight trips require Board of Education approval. Once all signatures are received, a copy will be returned to the schools. In order to make the scheduling process more efficient, these requests should be submitted as early as possible.

Date Submitted: _____ School: _____

Class or Organization: _____

Date of Departure: _____ Date of Return _____

Departure Time: _____ Return Time: _____

Destination: _____

Purpose of Trip: _____

Funding Source: _____

Cost of trip: _____ Cost Per Student: _____

Number of Riders: _____ Number of Buses Requested _____ Full Sized Bus(es)
_____ Handicap Bus(es)
_____ Half Bus(es)
_____ Pig Bus(es)
_____ Yellow Bus(es) _____
_____ Charter

Faculty\Staff members involved: _____

Instructor _____

_____ Date:

Principal\Designee

_____ Date:

Superintendent\Transportation

_____ Date:

Director\Designee

Bus Garage Supervisor\Designee

_____ Date:

MCS BOE Chairman (overnight only)

_____ Date: _____

Mitchell County Schools

December 05, 2007

If you have changes please resubmit form.