

## Lloydminster Catholic School Division Bussing Field Trip Request

**Please complete and send approved form to Transportation Supervisor**

Date of Request: \_\_\_\_\_ Purpose of Trip: \_\_\_\_\_ Bus Booking No. \_\_\_\_\_

School: HRHS, St. Thomas, Father Gorman, St. Joseph, St. Mary's, Mother Teresa Grade(s): \_\_\_\_\_  
(Please circle one)

Name of Teacher: \_\_\_\_\_ Total Passengers: \_\_\_\_\_ Time of Function: \_\_\_\_\_  
**(ALL OUT OF TOWN BUSES ONLY HOLD 46)**

Date of Trip: \_\_\_\_\_ Destination: \_\_\_\_\_ Address: \_\_\_\_\_

Departure: \_\_\_\_\_ am/pm      Return: \_\_\_\_\_ am/pm      Approx. KM's \_\_\_\_\_  
(Time bus loads & leaves)      (Time bus loads and leaves)      (out of town only)

**Please ensure that all students are readied for the identified bus departure and return times.**

**CHARGE TO:**

\_\_\_\_\_ Decentralized Funds (Special Events)      GL Acct. # \_\_\_\_\_

\_\_\_\_\_ SG Funds (Curriculum Field Trip)      GL Acct. # \_\_\_\_\_

\_\_\_\_\_ SG Funds (Other, Incl. sports etc.)      GL Acct. # \_\_\_\_\_

**Note: Do you need to cancel Band/Cosmo/Hockey because of this trip? If so which class?      TIME**

	<b>Band</b> _____
	<b>Hockey</b> _____
	<b>Cosmo</b> _____
	(Please circle & put time of event)

Approved Signature: \_\_\_\_\_  
(Administration)

**BOOKING CONFIRMATION:      (Division Office to fill out all of below Portion's)**

Date Confirmed: \_\_\_\_\_ Sent to: \_\_\_\_\_ By: Email/Fax

Confirmed Bus Unit #'s:

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 21, 22,      Spare Units: (13, 19, 20)

Additional notes:

Signature: \_\_\_\_\_  
(Transportation Supervisor)

**FEE'S CHARGED TO SCHOOL:**

In-town (\$30.00/trip)	_____	_____
	# of Trips	Total Cost

Out of Town (\$1.00/km)	_____	_____
	Total KM's	Total Cost