

Form 551.1 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) In town trips 2:40 pm at the latest (out of town only)

(Time bus loads and leaves)

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

Band _____

Hockey _____

Cosmo _____

Approved Signature: _____
 (Administration)

(Please circle & put time of event)

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