

Bluffs Community School Bus Request

Teacher requesting service _____ Date _____
School official approving or requesting trip _____
Organization to make trip _____
Trip Destination _____
Bus needed for round trip _____
Date of Trip: _____
 Day of Week Month Day Year
Time bus is to leave school _____ Time bus is to return _____
Number of persons attending _____ Number of buses needed _____
Person in charge of trip _____
Purpose/Objectives of trip _____
Signature of Teacher / Coach _____
Signature of Superintendent _____



Drivers and Buses assigned to the above requested trip: _____
Driver _____ Bus No. _____
Driver _____ Bus No. _____
Special Instructions: _____

Odometer reading at end of trip _____
Odometer reading at the start of trip _____

Total miles traveled _____
Time of day when trip began _____
Time of day when trip ended _____
Total drivers time on trip _____