BLAINE SCHOOL DISTRICT #503
BUS TRANSPORTATION REQUEST

Complete one request per vehicle and submit to your building principal at least **two weeks prior to scheduled departure**.

DATE SUBMITTED: _____

BUILDING: PRIMARY ☐ ELEMENTARY ☐ MIDDLE ☐ HIGH ☐ DISTRICT ☐ PRPS ☐

PROGRAM: ASB ☐ EXTRA CURRICULAR ☐ ATHLETIC ☐ FIELD TRIP ☐ NON FUNDED ☐

REQUESTED BY: _____

DESTINATION: _____

ADDRESS: _____

NUMBER OF STUDENTS: _____ NUMBER OF ADULTS: _____

INSTRUCTOR IN CHARGE: _____

PURPOSE OF TRIP: _____

LOADING POINT: _____

DATE / TIME OF DEPARTURE: DATE: _____ TIME: _____ am ☐ pm ☐

DATE / TIME OF PICK-UP FROM EVENT: DATE: _____ TIME: _____ am ☐ pm ☐

DATE / TIME OF RETURN TO SCHOOL: DATE: _____ TIME: _____ am ☐ pm ☐

SPECIAL NEEDS: _____

FERRY: Y / N LUGGAGE: Y / N MEAL STOP: Y / N

PRINCIPAL APPROVAL: _____ **BILLING CODE**: _____

SUPERINTENDENT APPROVAL: _____ DATE: _____

TRANSPORTATION APPROVAL: _____ _____ DATE: _____

Transportation Use Only:

DRIVER NAME: _____

DATE: _____ VEHICLE NO: _____

END MILES: _____ TIME IN: _____

START MILES: _____ TIME OUT: _____

TOTAL MILES: _____ TOTAL TIME: _____

WHITE BOARD **Y / N**

CONTRACT HRS: ____ DED HRS: _____ TRIP HRS: ____ O/T HRS: ____TOTAL WHITE BOARD HOURS: _____

ORIGINAL – TRANSPORTATION COPY – BUILDING