



**CLAYMONT**  
Athletic/Non Athletic  
Request for Bus Transportation



Driver Assigned \_\_\_\_\_

Name _____	Date of Request _____
Date of Trip _____	Destination _____
Purpose of Trip ( <i>Benchmark/indicator</i> ) _____	
Total # to be Transported _____	Special Needs for Transportation: yes / no
Departure Location _____	Departure Time _____ Return Time _____
Supervising Coaches/Teachers _____	
<b>*Include Route description on reverse side or attach to this sheet</b>	

<b>This space to be filled in by Administration only:</b>			
Bill Trip Cost to: (General Fund, Athletic, Principal, Activity or Other) Specify _____			
Approved: <input type="checkbox"/>	Disapproved: <input type="checkbox"/>	Approved: <input type="checkbox"/>	Disapproved: <input type="checkbox"/>
Approval by Principal or AD	Date	Superintendent or Designee	Date

<b>School Bus Travel Certificate</b>		(Circle one)
<b>Speedometer Reading:</b>	<b>Pre Trip Start &amp; End Time</b> _____ to _____	a.m. p.m.
Leave _____	<b>Trip Start Time:</b> _____	a.m. p.m.
Return _____	<b>Trip Stop Time:</b> _____	a.m. p.m.
Total Miles _____	<b>Clean-up Start &amp; End Time</b> _____ to _____	a.m. p.m.
<b>Total Hrs. @ \$11.00/hr.</b> _____	<b>Total Hrs. @ \$10.00/hr. (subs)</b> _____	
Driver Signature: _____		Bus # _____
Activity Sponsor: _____		Trans. Supervisor: _____
<b>COMMENTS: THIS BUS IS PERMITTED TO STOP AT REST AREAS, SERVICE STATIONS, AND TO EAT.</b>		

<b>This space filled in by Central Office</b>	Total Trip Time _____
	Driver Trip Rate \$ _____
	Total Paid \$ _____

**\*CO-CURRICULAR/EXTRA-CURRICULAR\***

1. There must be a minimum of one (1) advisor (teacher) on each bus taken on the trip. The teacher must have a completed emergency medical authorization form for every student on the bus.
2. Parent Permission must be obtained for each student attending the field trip.
3. Regarding all field trips, the time at the destination must be longer than the time spent traveling to and from the destination.