

AMITY SCHOOL DISTRICT BUS TRIP REQUEST

Date of Trip _____ Depart time _____ Return time _____

Destination/Address _____

Staff Name _____ Grade(s) _____ Today's date _____

Student riders _____ # Adult riders _____ Estimated round trip miles _____

Buses info	26 seats per Big Bus 3 per seat = 84 riders 2 per seat = 56 riders	Mini Bus = 14 riders Wheelchair Access Bus = 10 riders <i>Consider where gear/supplies will ride</i>
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Number/Type buses needed:

Large Bus _____

Mini Bus _____

Wheelchair
Access Bus _____

Drivers:

Schedule Yes ___
No ___ Driver _____

Staff driver(s) _____

Schedule Yes _____

This trip correlates with what subject and how? _____

Itinerary must be on file with the District Office prior to departure if you will be making multiple stops or staying overnight. You may also include the itinerary, or other relevant information here.

Athletic Director's approval _____ (if athletic event)

Principal's approval _____ (Required on all requests)

Is Board approval required? Yes _____ No _____ If Yes, date of approval _____

Superintendent/Transportation Director's approval _____

Consider all requests to be approved once required building signatures are obtained

Scheduling may take up to 7 – 10 days and is subject to change depending on driver/bus availability
If there are scheduling conflicts or any reason for denial, the submitting staff member will be contacted by the district scheduler