



**APPLICATION FOR EXTRA-CURRICULAR OR
NON-ROUTINE USE OF SCHOOL BUSES**

1. Date of Trip: _____
2. Destination: _____
3. Departure from: _____ At (time): _____
4. Will you be making a stop to eat? ☐ Yes ☐ No
If yes, location: _____
Address: _____
5. Estimated return time: _____
6. Estimated # of passengers: _____ Number of buses required: _____
7. Team or group to be transported: _____
8. Staff member, coach or advisor: _____
Contact information: _____

Signature: _____ Date Submitted: _____

TO BE COMPLETED BY THE TRANSPORTATION & ADMINISTRATION DEPT

Driver: _____ Bus Number: _____

Driver's contact information: _____

ADMINISTRATOR

Signature: _____ Date: _____