

YOAKUM INDEPENDENT SCHOOL DISTRICT BUS TRIP REQUEST

Date _____

Name of Teacher _____ Class or Group _____

Destination _____

Date of Trip _____ Departure time _____ Returning Time _____

*---- Departure Time means when students leave Yoakum

*---- Returning Time means when students arrive back in Yoakum

Number of Busses Needed _____ Number of Students _____

Will students be absent from another teacher's class? _____

Has trip been well planned? _____

Has permission been granted by authorities of place to be visited? _____

Do students have parental permission? _____

Who will accompany students? _____

Purpose of trip? _____

SUBMIT TO PRINCIPAL OR SUPERVISOR 14 DAYS PRIOR TO TRIP

Signature of Teacher

Approval: _____

Signature of Principal/Supervisor

Bus/Busses to Load At	Unit Assigned	Capacity	Bus Operator

Remarks:

Supervisor of Transportation