

**PARKWAY LOCAL SCHOOLS
TRANSPORTATION REQUEST AND EXTRA-CURRICULAR BUS PERMIT**

Instructions.....

1. Requests must be submitted prior to each trip and sent to the Superintendent's Office.
2. A separate request form must be completed for each trip.
3. Form must be turned in 2 weeks prior to date of the trip.

THIS SECTION TO BE COMPLETED BY TEACHER/PRINCIPAL

Date of _____ Destination _____

Group _____ Charge To _____

Building _____ Number of Riders _____

Departure Time _____ Return Time _____

Teacher in Charge _____ Date Submitted _____

COMMENTS: (Include all directions or special instructions) Must include all stops including eating stops and location.

_____ May stop and eat – _____

APPROVED BY: _____ TITLE _____ DATE _____

SECTION A – To Be Completed By Superintendent or Driver

DRIVER _____ BUS _____ DATE _____

DESTINATION _____

PURPOSE OF TRIP _____

Superintendent or Transportation Supervisor

SECTION B – To Be Completed by Driver

End of Trip Mileage _____ Time Left _____

Beginning Trip Mileage _____ Time Returned _____

Total Mileage _____ Pre & Post Trip _____

***All hours figured to the quarter hour** Total Time _____

Bus Maintenance Trips \$10 per Hour = _____

Total Time X \$14.00 per Hour = _____

*Minimum 3 Hours or \$42.00

***Applies to out of district trips only**

INSPECTION BY DRIVER: fuel, oil, lights, clean, etc., checked and acceptable with the following exceptions:

DRIVER'S SIGNATURE _____ DATE _____

APPROVED BY _____ DATE _____