REQUESTED BY      

SCHOOL CLASS

SUPERVISOR

CHAPERONES, if any

DATE OF TRIP

DESTINATION

                 

ADDRESS CITY STATE PHONE NUMBER

EVENT

**Will you be stopping for**

**food?**  **YES**  **NO**

**If Yes, where?**

**Time?**

TIME EVENT BEGINS        AM  PM

LOADING TIME AT LOADING SITE        AM  PM

LEAVE LOADING SITE        AM  PM

APPROX. DEPARTURE FROM EVENT        AM  PM

APPROX. RETURN TIME AT COLBY        AM  PM

**TOTAL NUMBER** OF PASSENGERS (include **ALL** adults)

BUS WILL LOAD AT:  High School  Middle School  Elementary

INDICATE SPECIFIC LOADING AREA AT YOUR SCHOOL

REQUEST FOR:  Bus  Handicapped bus       # of car seats       # of seat belts

***EXTRACURRICULAR TRIP AUTHORIZATION***

***This form serves as an authorization for a school bus to transport pupils on a school sponsored trip in accordance with Section 121.54(7), Wisconsin Statutes. This bus is under contract with the school district.***

**OFFICE USE ONLY**

Payment:  District

Club or Organization

Trip #

ADMINISTRATIVE APPROVAL

TRANSPORTATION SCHEDULED:

Date       Time        AM  PM

COPIES TO: (date sent)

Contractor:

Advisor:

Bldg. Administrator:

RECORDED BY:

On Calendar:

To Front Office: