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: