SCHOOL DISTRICT OF COLBY
Transportation Request

REQUESTED BY _____
SCHOOL CLASS

SUPERVISOR _____

CHAPERONES, if any _____

DATE OF TRIP _____

DESTINATION_____

_____

ADDRESS CITY STATE PHONE NUMBER

EVENT _____

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

Will you be stopping for food? ☐ **YES** ☐ **NO**
If Yes, where?
_____
_____
Time? _____ **AM**

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: _____