

PLYMOUTH COMMUNITY SCHOOL CORPORATION

TRIP REQUEST
CO-CURRICULAR/EXTRA-CURRICULAR

Advisor _____ Group _____

Date of Request _____ Date of Trip _____

Destination _____

Purpose of Trip _____

Departure Time _____ Return _____

Corporation Cost _____ How Funded _____

Student Cost _____ How Paid _____

Means of Transportation _____

No. of Staff _____ No. of Chaperones _____

Attach Itinerary

Trip Approved: _____
Signature

Bus Scheduled: _____
Signature

Trip Disapproved: _____
Signature

The staff member in charge will have a COMPLETED EMERGENCY MEDICAL FORM for each student on the trip.

Signature

PLYMOUTH COMMUNITY SCHOOL CORPORATION

BUS REQUEST FORM

School Activity: _____ Destination: _____

Bus(es) – Vans needed: _____ Number of Students to be transported: _____

Sponsoring Organization: _____

Fees to be paid by: (check one)

PHS _____ LJR _____ Jefferson _____ Menominee _____ Washington _____

Webster _____ Riverside _____ Other _____

Departure From Loading Point	Date	Return Date		Supervisor (s) On Trip
		Time a.m. p.m.	Time a.m. p.m.	

Prepare an extra copy of the Bus Request Form for each bus/ Vehicle needed beyond one.

Request Filed: _____
(Date) (Sponsor)

(Date) (Principal)

(Date) (Superintendent)

Certification of Driver (s) and Bus (es) Scheduled for Trip

Name of Driver	License Number	Bus # / Van	Total Miles	Estimated Fees		
				Driver	Bus Rental	Total

This is to certify that the above bus driver (s) is/are authorized to operate said bus (es) for the school sponsored trip which is being conducted at the direction of and under the supervision of the School Authorities of Plymouth Community School Corporation.

Certified: _____
(date) (Transportation Director)

NOTE: Upon completion of the trip, the bus driver is to fill out and sign a Trip Report, have it signed by the Sponsor of the Organization making use of said bus, and submit it along with the Bus Request Form to the Supervisor of Transportation