WILKINSON COUNTY SCHOOL DISTRICT

REQUEST TO USE SCHOOL BUS FOR ACTIVITY TRIP

Purpose of Trip _____

Name of Organization Requesting Trip _____

Name of Driver _____

Bus Number _____

Date of Departure _____ **Time of Departure** _____

Date of Return _____ **Time of Return** _____

Destination _____

City and State _____

Route to be Followed (please use Map Quest) _____

Number of Students to be Transported _____

Complete Name of Supervising Faculty Member(s) _____

_____

Requested by: _____
(Signature of Principal or Director)

School _____

Date _____

Approved: _____ **Denied:** _____
Superintendent of Education **Superintendent of Education**

NOTE: This request shall be filed with the County Superintendent of Education's Office at least *one week prior* to the date of the event.

Revised July 1, 2026