## WEST POINT CONSOLIDATED SCHOOL DISTRICT

## **REQUEST TO USE SCHOOL BUS FOR ACTIVITY TRIP**

School	Data
School:	Date:
Purpose of Trip:	
Name of Driver with CDL:	Time of Departure:
Date of Departure:	Time of Departure:
Route to be Followed:	
Destination:	
Date of Return:	Time of Return:
Number of Pupils to be Transported:	
Name of Safety Council Member(s) for the Trip:	
Account No. to be Charged:	
<ol> <li>The conduct of the student is the supervising teacher's responsi         <ul> <li>Students are not to make loud and unnecessary noise</li> <li>The supervising faculty member must not allow studer bus</li> </ul> </li> <li>The school bus/van must remain clean and sanitary at all times.</li> <li>Money to pay for the use of the bus/van and driver must be turn Sponsor(s)/supervising faculty member(s) are not to pay the bu</li> <li>Dos and Don'ts for driving any school vehicle:         <ul> <li>No alcohol or drugs in vehicle.</li> <li>No cell phone use while driving.</li> <li>Only authorized persons are allowed to drive school vehicles.</li> <li>No unauthorized passengers are allowed in school vehicles.</li> <li>All medication that could impede driving ability should be repor vehicle.</li> </ul> </li> </ol>	nts to bring radios, tape players, etc, on the school ned in to your building principal's office. s driver(s).
Principal's Signature	
**************************************	INE************************************
Assistant Superintendent	Date
/	Permit Sent
Transportation Director Date	Date

\*\*\*\*\*\*THIS ONLINE FORM MUST BE PRINTED ON YELLOW PAPER\*\*\*\*\*\*