

WILKINSON COUNTY SCHOOL DISTRICT

REQUEST TO USE SCHOOL BUS FOR ACTIVITY TRIP (In-District)

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 _____

Number of Students to be Transported _____

Complete Name of Supervising Faculty Member(s) _____

Requested by: _____
(Signature of Principal or Director)

School _____

Date _____

Approved: _____
Superintendent of Education

Denied: _____
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.

Odometer Reading:

Beginning: _____

Driver Signature: _____

Ending: _____

Total Miles: _____

Signature of Principal / Transportation Director

Revised July 1, 2026