



# INSTANT IMPACT GLOBAL PREP

## BUS PERMIT FORM

Transportation Director  
601-417-9110  
[r.pam@iigpcs.org](mailto:r.pam@iigpcs.org)

### TRIP INFORMATION

|                                 |                                         |
|---------------------------------|-----------------------------------------|
| School/Grade/Class: _____       | Request Date: _____                     |
| Teacher/Trip Coordinator: _____ | Trip Date: _____                        |
| Destination: _____              | Departure: _____ Return: _____          |
| Purpose of Trip: _____          | Students: _____ Staff/Chaperones: _____ |

### TRANSPORTATION / SAFETY (Completed By Transportation)

|                           |                              |
|---------------------------|------------------------------|
| Bus Driver: _____         | Bus/Vehicle #: _____         |
| Bus Driver Phone #: _____ | Safety Representative: _____ |
| Requestee Phone #: _____  | Alternate Phone #: _____     |

### REQUIRED DAY-OF-TRIP CHECK

☐ Weather checked
 ☐ Headcount completed
 ☐ Permission Forms
 ☐ First-aid kit/cell phone

### AUTHORIZATION / PERMIT (Completed By Transportation)

|                                            |                                                                                                       |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Transportation Director's Signature: _____ | Date: _____                                                                                           |
| Superintendent's Signature: _____          | Date: _____                                                                                           |
| Permit Number: i.e.(SY-Date)_____          | Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| Beginning Odometer: _____                  | Ending Odometer: _____                                                                                |
| Miles Traveled: _____                      | Sack Lunches Requested (2 weeks in advance): <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Submit completed permit to the Transportation Department for processing and driver assignment.*

## How to Complete the Bus Permit Form

### 1. Teacher / Coordinator Steps

- **Fill out Trip Information:** Enter class name, trip date, destination, departure/return times, purpose, and student/chaperone counts.
- **Request Lunches:** If sack lunches are needed, check **Yes** at least 2 weeks in advance.
- **Submit:** Send the form to the Transportation Department.

### 2. Transportation Department Steps

- **Assign Driver & Vehicle:** Fill in driver name, phone number, vehicle number, and safety rep info.
- **Sign & Approve:** Obtain signatures from the Transportation Director and Superintendent, assign a Permit Number, and mark **Approved**.

### 3. Day-of-Trip Steps

- **Complete Safety Check:** Check off weather, student headcount, permission forms, and first-aid kit/cell phone.
- **Track Mileage:** Record the beginning odometer reading at departure, the ending odometer reading upon return, and calculate total miles traveled.
- **File:** Submit the final permit to the Transportation Department.