

**BROOKFIELD LOCAL SCHOOLS**  
**TRANSPORTATION DEPARTMENT - USE OF SCHOOL BUS EXTRA TRIPS**  
**ATHLETIC/STUDENT ACTIVITY/EDUCATIONAL**

**\*\*Please be sure to call the Field Trip Coordinator at 448-3011 to confirm availability of dates before submitting.\*\***

Application Date: \_\_\_\_\_ Trip Date: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_ Loading Area: \_\_\_\_\_

Athletic: \_\_\_\_\_ Loading Time: \_\_\_\_\_

Student Activity: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Educational: \_\_\_\_\_ Return Time: \_\_\_\_\_

Destination: \_\_\_\_\_ # of Buses Req'd for Trip: \_\_\_\_\_  
(Address and/or building location - routing and map attached, if necessary.)

The advisor/coach is responsible and accountable for the behavior of the students on the field trip. Please attach directions to the event, and please be sure to have all emergency contact information for all riders.

How many students/staff will be making this trip? \_\_\_\_\_

What other stops will be made other than destination & return? \_\_\_\_\_

Approximate time needed for all additional stops: \_\_\_\_\_

Bill to (organization, club, princ fund, student pay, etc.): \_\_\_\_\_ Trip requested by (coach and/or advisor): \_\_\_\_\_

**BUS TRANSPORTATION APPROVED BY:**

\_\_\_\_\_  
 PRINCIPAL

\_\_\_\_\_  
 SUPERINTENDENT OF SCHOOLS

\_\_\_\_\_  
 TRANSPORTATION SUPERVISOR

Garage departure time: \_\_\_\_\_ Garage return time: \_\_\_\_\_

Total trip miles: \_\_\_\_\_ (Mileage rate: \_\_\_\_\_)

<u>Driver Name(s):</u>	<u>Bus #:</u>	<u>Bus Reg #:</u>	<u>Trip Hrs &amp; Driver Salary</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Payroll Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Must be in transportation office ten (10) days BEFORE trip. Copy to PAYROLL Dept.