

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 Busses 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

 TREASURER

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 & Driver Salary</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Payroll Date: _____ Comments: _____

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