

Worth County Board of Education

Request for Bus*/Van

***Bus requests must be received by Bus Shop 10 days prior to trip.**

Gray areas to be completed by Bus Shop

Date of Trip _____ (Please confirm trip within 2 days of departure.)

Date of Request _____

Date Received _____

Destination of Trip _____

Round Trip Distance _____

Time of Departure _____

Estimated Time of Return _____

Name of School Making Requesting _____

Name of Class or Group to Make Trip _____

Number to Make Trip _____

Purpose of Trip _____

Name(s) of person(s) responsible for the supervision of the trip:

Name of Designated Driver (if using Van) _____

Estimated Expenses \$ _____

Expenses Paid By (Choose one):

____ Dept/School/Club _____ (complete acct # below)

Dept/Club Account # _____

____ Booster Club _____

Signature Of Principal

Bookkeeper's Initials