



Important Information – please read prior to filling out:

- >Request must be filed 10 working days prior to trip
- >Bus capacity – 44 (grades 7-12); 66 (grades PreS-6)
- >**Tolls, parking, etc. are the responsibility of the teacher**

- > **A teacher or chaperone must accompany each bus**
- > Changes must be submitted in writing or via email
- > Passengers must be participants in the activity

**SECTION 1 (To be completed by Teacher or Principal) – please print**

Date of Trip:	DESTINATION:
Building/Customer:	ADDRESS:
Group/Team:	
Departure Time FROM Building:	Meal/Restroom Stop Requested? ____Yes ____No
Return Time TO Building:	# Students _____ # Adults _____ # Buses req'd _____
SPECIAL EQUIPMENT:	<input type="checkbox"/> wheelchair lift # of wheelchairs _____ <input type="checkbox"/> car seats # of car seats _____ <input type="checkbox"/> seatbelts # of seatbelts _____ <input type="checkbox"/> luggage compartment

Special Instructions:

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name Signature

Principal/Athletic Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2 (To be completed by the Transportation Department)**

Director of Transportation Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3 (To be completed by the Driver)**

Driver: \_\_\_\_\_ TIME: start \_\_\_\_\_ ODOMETER: end \_\_\_\_\_  
Vehicle # : \_\_\_\_\_ end \_\_\_\_\_ start \_\_\_\_\_  
Total Hours \_\_\_\_\_ Total Miles \_\_\_\_\_

I certify that a Pre-Trip Inspection has been completed in accordance with the Ohio Law & the Ohio Department of Education.

Driver's Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Driver rate \_\_\_\_\_ Mileage cost \_\_\_\_\_ Driver cost \_\_\_\_\_ TOTAL COST \_\_\_\_\_  
Saturday rate \_\_\_\_\_ Sunday rate \_\_\_\_\_ Holiday rate \_\_\_\_\_