

Butte Falls School District

Bus Request

Today's Date _____

Person requesting transportation _____

Trip Date: _____ Time of Departure: _____

Destination: _____

Team/Class/Group: _____

Return Date: _____ Time of Return: _____

Students will be picked up at: _____ Elementary _____ Secondary

Trip Itinerary

Planned stops other than destination:

1) _____

2) _____

3) _____

If overnight trip, where are you staying? _____

Did/Will you reserve a room for the bus driver? _____ Yes _____ No

Meals: _____ Sack Lunch _____ Restaurant

Number of students going: _____

Number of adults going: _____

Total persons going: _____

Purpose of trip (check one): _____ Instruction _____ Athletics _____

_____ Academic Competition _____ Entertainment _____ Other

RETURN FORMS TO THE DISTRICT OFFICE AS SOON AS POSSIBLE PRIOR
TO TRIP