

# REVERE LOCAL SCHOOLS

## SPECIAL TRIPS

DATE \_\_\_\_\_ BUS NO. \_\_\_\_\_ TIME OUT \_\_\_\_\_ ODOM. RETURN \_\_\_\_\_

DESTINATION \_\_\_\_\_ TIME BACK \_\_\_\_\_ ODOM. LEAVE \_\_\_\_\_

TOTAL TIME \_\_\_\_\_ RATE \_\_\_\_\_ TOTAL DUE \_\_\_\_\_ MILEAGE \_\_\_\_\_

( ) FIELD TRIP

\_\_\_\_\_

SIGNATURE OF DRIVER

( ) BAND

( ) OTHER

\_\_\_\_\_

EMPLOYEE NUMBER

( ) ATHLETIC

\_\_\_\_\_

APPROVAL OF SUPERVISOR

\_\_\_\_\_  
LIST TEAM OR CLASS NAME

REVERE LOCAL SCHOOL DISTRICT

SUMMIT COUNTY, OHIO

TRIP TICKET

DATE: \_\_\_\_\_

DRIVER'S NAME: \_\_\_\_\_

BUS REGISTRATION NUMBER: \_\_\_\_\_

BUS NUMBER: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

ODOM RETURN: \_\_\_\_\_

ODOM START: \_\_\_\_\_

TOTAL MILES: . \_\_\_\_\_

AUTHORIZED BY: Randy S. Boroff

SUPERINTENDENT

Randy S. Boroff

OK OUT TO EAT \_\_\_\_\_

BUS & REGISTRATION NO. \_\_\_\_\_ TIME OUT OF GARAGE \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_ ODOMETER OUT \_\_\_\_\_

IDENTIFICATION NO. \_\_\_\_\_ TIME IN GARAGE \_\_\_\_\_

SUPERVISOR APPROVAL \_\_\_\_\_ ODOMETER IN \_\_\_\_\_

NUMBER OF PASSENGERS: STUDENTS \_\_\_\_\_ ADULTS \_\_\_\_\_

OK OUT TO EAT \_\_\_\_\_

BUS & REGISTRATION NO. \_\_\_\_\_ TIME OUT OF GARAGE \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_ ODOMETER OUT \_\_\_\_\_

IDENTIFICATION NO. \_\_\_\_\_ TIME IN GARAGE \_\_\_\_\_

SUPERVISOR APPROVAL \_\_\_\_\_ ODOMETER IN \_\_\_\_\_

NUMBER OF PASSENGERS: STUDENTS \_\_\_\_\_ ADULTS \_\_\_\_\_

# MOGADORE LOCAL SCHOOL DISTRICT

## SCHOOL BUS REQUISITION

DATE: \_\_\_\_\_

ORGANIZATION REQUESTING: \_\_\_\_\_

DATE REQUESTING: \_\_\_\_\_ COVER PERIODS: \_\_\_\_\_

DESTINATION: \_\_\_\_\_ PICKUP AT: \_\_\_\_\_

TIME- DEPART: \_\_\_\_\_ RETURN: \_\_\_\_\_ \* ESTIMATED NUMBER TO BE TRANSPORTED: \_\_\_\_\_

COACH or ADVISOR EMERGENCY PHONE NUMBER(S): \_\_\_\_\_

COACH or ADVISOR REQUESTING: \_\_\_\_\_

PRINCIPAL APPROVAL: \_\_\_\_\_

SUPERINTENDENT APPROVAL: \_\_\_\_\_

DRIVING DIRECTIONS:

\* NOTE- If more than one bus is required, an additional request form must be filled out for each bus that requested.

DRIVER ASSIGNED:		BUS #	
Time:	_____	Regular Pay Hours:	_____
End Odometer:	_____	Overtime Hours:	_____
Begin Odometer:	_____	Sweep Time:	_____
Total :Mileage	_____	Total Trip Hours:	_____
Coach or Advisor Signature _____		Time: _____	

\*\*\* All request forms should be turned in at least two weeks prior to the requested date to allow for the scheduling of drivers and buses.

\_\_\_\_\_  
Transportation Supervisor

SCHOOL BUS TRAVEL CERTIFICATE NUMBER \_\_\_\_\_

431 STOW AVENUE

CUYAHOGA FALLS, OH 44221

Bus No. \_\_\_\_\_

ID No. \_\_\_\_\_

Destination:

Group Transported:

Date Certificate Granted:

Date of Trip:

Leave:

Return:

Person in charge:

Additional instructions: \*\*

<u>ACTUAL DEPARTURE TIME:</u>		<u>ACTUAL RETURN TIME:</u>
ARRIVED AT	A.M.	RETURN
<u>GARAGE:</u>	P.M.	<u>MILEAGE READING:</u>
RETURNED TO	A.M.	LEAVING
<u>GARAGE:</u>	P.M.	<u>MILEAGE READING:</u>

TOTAL HOURS: \_\_\_\_\_ GALS. GAS: \_\_\_\_\_ TOTAL MILES \_\_\_\_\_  
QTS OIL: \_\_\_\_\_

NO. OF STUDENTS \_\_\_\_\_ NO. OF ADULTS: \_\_\_\_\_  
CONDUCT MALFUNCTION  
REPORT: \_\_\_\_\_

Driver's Name \_\_\_\_\_

**Emergency Medical Forms? YES/NO Circle One**

This is to certify that this trip is in conformity with the rules and regulations as established by the State Department of Education.

Signed

\_\_\_\_\_  
Leonard DeChant, Director of Business & Operations  
Cuyahoga Falls City School District

**THIS SECTION TO BE COMPLETED BY TEACHER/CHAPERONE**

Teacher/Chaperone's Name \_\_\_\_\_ Return Time to School \_\_\_\_\_

**Comments:**

# FIELD TRIP REQUISITION

Date \_\_\_\_\_

Req. No. \_\_\_\_\_

School/Group \_\_\_\_\_ Teacher \_\_\_\_\_ Phone/Ext. \_\_\_\_\_ Grade Level/Class \_\_\_\_\_

Date of Trip \_\_\_\_\_ No. Of Buses \_\_\_\_\_ No. of Students \_\_\_\_\_

Destination \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Departure Time (from school) \_\_\_\_\_ Arrival Time (at destination) \_\_\_\_\_

Departure Time (from destination) \_\_\_\_\_ Arrival Time (back to school) \_\_\_\_\_

Note: No field trip will be scheduled during a school day earlier than 9:15 a.m. - All buses must be back in the school district by 1:45 p.m.

Purpose of Field Trip \_\_\_\_\_

Provisions for students not going on trip \_\_\_\_\_

Lunch provisions \_\_\_\_\_

Will a substitute be required? Yes  No

Signature (Teacher) \_\_\_\_\_

Signature (Principal) \_\_\_\_\_

Signature (Central Office) \_\_\_\_\_

Principal's Use Only: $\Rightarrow$	Est. Total Hours (G.L. # _____)	_____ hrs.	X	\$ _____ per hour	X	_____	=	\$ _____
		Driver's Time		Rate		No. Drivers		
$\Rightarrow$	Est. Total Miles (G.L.# _____)	_____	X	\$ _____ per mile	X	_____	=	\$ _____
				Rate		No. Buses		

(do not write below this line)

Driver's Use Only: Boys  Girls  7  8  9  10  11  12

J.H. H.S.

Type of Trip: Field Trip  Band  Choir   
 Athletic \_\_\_\_\_ (specify)  
 Other (Outside Group) \_\_\_\_\_ (specify)

Time: Out \_\_\_\_\_ Total \_\_\_\_\_ = \$ \_\_\_\_\_ (G.L.# \_\_\_\_\_)  
 In \_\_\_\_\_

Mileage: Out \_\_\_\_\_ Total \_\_\_\_\_ = \$ \_\_\_\_\_ (G.L.# \_\_\_\_\_)  
 In \_\_\_\_\_

Total Cost \$ \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Bus No. \_\_\_\_\_

Transp. Supv. Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Office	Treasurer's Office	Date	G.L. Number
Date _____	Payroll: _____	_____	_____
	Charge/back (fuel): _____	_____	_____

**FIELD TRIP REQUEST BILL TO INFORMATION**

Principal:

Please complete the information and mail to the transportation department with bus request form.

School: \_\_\_\_\_

Principal: \_\_\_\_\_

Date of trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Number of buses on trip: \_\_\_\_\_

Amount to be billed: full, partial, set amount (circle one)

\*\*\*\*\*

Please complete part 1 OR 2

***Part 1***

**Bill to:**

\_\_\_\_\_  
Organization/School

Attn: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Other district PO # (if applicable) \_\_\_\_\_

***Part 2***

**Wadsworth City Schools District**

Student Activity: \_\_\_\_\_  
Group Name

OR

Grant/Department: \_\_\_\_\_  
Name/Department

This form needs to be completed with the bus request form in order to be billed to another organization/school.

Thank You

02-08-06

# Wadsworth City Schools Bus/Van Request Sheet

Bus

Suburban

Trip Name:

Trip ID:

Trip Date:

Activity Type:

Requestor:

Account:

Budget Number:

Origin:

Departure Time:

Arrive Destination:

Leave Destination:

Return Time:

Destination:

Passengers #:

Contact Person:

Special Instructions:

Directions:

Date Requested:

Administrator Signature: \_\_\_\_\_

Please send to Transportation office 3 weeks prior to date of departure.

One request per bus/van is required. (If you need 2 buses, complete 2 request)



## On Bus Instruction

School Year 20\_\_ - 20\_\_

4128 S. Cleveland-Massillon Road  
 Norton, Ohio 44203  
 Phone: 330-825-2226 Fax: 330-825-4802

**On Bus Instructor** \_\_\_\_\_

**Destination/Itinerary** \_\_\_\_\_

**Purpose of Activity:**  On Bus Instruction  New Driver  Veteran Driver  Other \_\_\_\_\_

**Bus Driver/Trainee** \_\_\_\_\_ **Bus #** \_\_\_\_\_

**Odometer Readings:** Trip Ends \_\_\_\_\_ Trip Begins \_\_\_\_\_ Total Miles \_\_\_\_\_

**Approved by Director of Transportation/Designee** \_\_\_\_\_

**On Board Instructor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY**

Driver Expense \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ Time In \_\_\_\_\_

Bus Expense \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ Time Out \_\_\_\_\_

Van Expense \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ Total Time \_\_\_\_\_

TOTAL COST \$ \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NORTON CITY SCHOOLS**

4128 S. Cleveland-Massillon Road  
Norton, OH 44203

Phone: 330-825-2226  
Fax: 330-825-4802

**On Bus Instruction**

School Year \_\_\_\_\_ to \_\_\_\_\_

On Bus Instructor \_\_\_\_\_

Destination/Itinerary \_\_\_\_\_

Purpose of Activity: On Bus Instruction \_\_\_\_\_  
New Driver \_\_\_\_\_  
Veteran Driver \_\_\_\_\_  
Other \_\_\_\_\_

Bus Driver/Trainee \_\_\_\_\_ Bus # \_\_\_\_\_

Odometer Readings: Trip Ends \_\_\_\_\_  
Trip Begins \_\_\_\_\_  
Total Miles \_\_\_\_\_

Approved by Director of Transportation/Designee \_\_\_\_\_

On Board Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Time In \_\_\_\_\_

Time Out \_\_\_\_\_

Total Time \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Paul Stoneking  
Cell #1: 330-819-1569  
Cell #2 330-334-1234  
John Boling  
Cell: 330-212-1561  
Matt Wyatt  
Cell: 330-603-5956  
Eric Kshywonis  
Cell: 330-623-0045  
Pauletta Gemind  
Home: 330-825-9598  
Cell: 330-858-5745