

SCOTT COUNTY CENTRAL TRANSPORTATION REQUEST

Sponsor's Name: _____ Group Name: _____

Current Date: _____

Request Bus for Trip to: _____

Date of Event: _____

Time of Event: _____

Time of Departure from SCC: _____

Time of Return to SCC: _____

Educational Objectives of the Trip:

Bus Driver Requested for Trip: _____

Will this Driver need a sub for their regular route? _____ AM _____ PM _____ Both

Will a sack lunch need to be provided by the cafeteria? _____ YES _____ NO

If yes, how many? _____

If no, where will students eat? _____

Principal's Signature: _____ Date: _____

(The principal must approve the particular trip, then sign & date this form before submitting to the Superintendent.)

The above form must be submitted to the Superintendent of Schools, **7 days** before the date of the scheduled trip.

Superintendent's Signature: _____ Date: _____