

APWCSD SCHOOL BUS REQUEST FOR FIELD TRIPS

1. APW Staff: Requests must be made two (2) weeks prior to the day of the trip.
2. **Outside organizations, overnight or out of state/country trips must be submitted thirty (30) days prior to the day of the trip and must be approved by the Building Principal, Assistant Superintendent, the Superintendent of Schools, the Transportation Supervisor and the School Board prior to departure.**
3. The chaperone is responsible for checking the vehicle for litter and/or damage prior to passengers being released. Any damage must be reported to the Transportation Office.
4. Submit request **and requisitions** to the Immediate Supervisor. After approval, the Immediate Supervisor will forward the request to the **Assistant Superintendent's office**. After approval, the original request will be sent to the Transportation Office and a copy will be retained with the requisitions and Purchase Orders in the Business Office. After approval, the Transportation Supervisor will forward request to the Superintendent which will seek the School Board approval if required.

Date of Trip: ____ / ____ / ____ Time Leaving: _____
Place of Departure: _____
Number of Passengers: _____ Time Returning: _____
Destination: _____
Nature & Purpose: _____
Person in Charge: _____ Phone Number: _____
Address: _____

Number of Buses Requested: _____ (50 passengers per bus) Wheelchair Bus Needed: Yes No
Amount available to pay for this field trip/school bus request TOTAL TRIP COST: \$ _____

For Transportation Costs - please contact Transportation Supervisor, Nate Metcalf @ 625-5251 or nmetcalf@apw.cnvric.org

----- APPROVALS -----

TO BE COMPLETED BY IMMEDIATE SUPERVISOR/BUILDING PRINCIPAL

Party Responsible for Payment: _____
Street Address: _____
City/State/Zip: _____
Phone Number: _____
If District, Budget Code or PO# to be charged: _____

Immediate Supervisor/Bldg Principal: _____ Date: ____ / ____ / ____
Assistant Superintendent: _____ Date: ____ / ____ / ____
Superintendent of Schools: _____ Date: ____ / ____ / ____
Transportation Supervisor: _____ Date: ____ / ____ / ____

Board Approval Date: ____ / ____ / ____

REMARKS: _____