

Nettleton School District

REQUEST TO USE SCHOOL BUS FOR ACTIVITY TRIP

Purpose of Trip _____

Name of Driver _____ Number of Buses _____

Date of Departure _____ Time of Departure _____

Route to be followed _____

Destination _____

Date of Return _____ Time of Return _____

Number of Pupils to be Transported _____

Name of Supervising Faculty Member _____

Permission of Principal _____

Signature of Principal

School _____ Date Submitted _____