

FIELD TRIP TRANSPORTATION REQUEST

Please follow the below instructions to ensure your request is processed in a timely manner:

- Please ensure there are **10 (ten) clear teaching days notice** for each request
- Itinerary to be attached if more Point of Departure space is needed
- Complete the **SCHOOL USE** portion of this form only. Include the **reference # from your estimate if you have one**
- **Fax** the completed form to the Transportation Dispatcher at **250-748-2132** or **email** to transportationdispatch@sd79.bc.ca
- Keep your copy for your records. A **RECEIVED CONFIRMATION** will be emailed to the school secretary.

Please note:

- The driver shall be in complete charge of the school district bus at all times
- There shall be no unauthorized stops or rerouting

SCHOOL USE

SCHOOL REQUESTING TRANSPORT		TEACHER CONTACT NAME		CONTACT PHONE #	PRINCIPAL'S SIGNATURE		
PLANNED ACTIVITY & TIME			TODAY'S DATE (yyyy-MM-dd)	DAY REQUIRED (Monday, Tuesday, etc)	DATE REQUIRED (yyyy-MM-dd)		
LOAD TIME	DEPART TIME	POINT OF DEPARTURE (usually your school)		DESTINATION (where you're going)		ARRIVAL TIME	
LOAD TIME	DEPART TIME	SECOND POINT OF DEPARTURE (if you're going to multiple places)		DESTINATION		ARRIVAL TIME	
LOAD TIME	DEPART TIME	THIRD POINT OF DEPARTURE (if you're going to multiple places)		DESTINATION		ARRIVAL TIME	
LOAD TIME	DEPART TIME	FOURTH POINT OF DEPARTURE (if you're going to multiple places)		DESTINATION		ARRIVAL TIME	
LOAD TIME	DEPART TIME	FINAL POINT OF DEPARTURE		RETURN DESTINATION (usually your school)		RETURN TIME	
• There are 28 seats on a bus. One bus can legally & safely carry 84 Grade K to 5 students (3 per seat) or 56 Grade 6 students & adults (2 per seat) or a combination there of. Please enter the maximum number of actual people that may be on this field trip. • We do not have a large wheel chair bus – unless you only have a few students going plus a wheel chair 2 buses will be needed.				NUMBER OF STUDENTS		# OF ADULTS	
				GR K-5		GR 6-12	
				WHEELCHAIR REQUIRED? <input type="checkbox"/>		HARNES REQUIRED? <input type="checkbox"/>	
				**PLEASE CONTACT TRANSPORTATION AT 250-748-1066 EXT 273 TO GIVE PARTICULARS SO BUS IS PROPERLY EQUIPPED			

DISPATCHER RECEIVED

FIELD TRIP REFERENCE NUMBER	NUMBER OF BUSES	AUTHORIZATION IS SUBJECT TO AVAILABILITY OF BUSES AND/OR DRIVERS	RECEIVED BY	DATE

DRIVER(S) DISPATCHED

DRIVER(S)	BUS #	COMMENTS

DRIVER(S) TIME ENTERED

FIELD TRIP PART	AM ROUTE TIME END or DEPART FROM DEPOT TIME	ARRIVE AT F/T DESTINATION TIME	ALL DAY F/T SIT TIME	LEAVE DESTINATION TIME	RETURN TO DEPOT or PM ROUTE TIME START	TOTAL TIME	TOTAL KM
PICK UP							
RETURN							

INVOICE EMAILED

ACCOUNTING COMMENTS:	INVOICE DATE	TOTAL COST
		\$