

**ST. CLAIR COUNTY BOARD OF EDUCATION**  
**EXTRACURRICULAR BUS TRIP SCHEDULE/PERMISSION FORM**  
**TRANSPORTATION DEPARTMENT – PHONE (205) 629-6255 – FAX (205) 629-7068**

This form **MUST BE** completed for ALL Field Trips, Sport Events, Band Trips, etc. that will require use of a school bus. Each form must be completed in detail, be approved by the principal, and have map quest attached.

PLEASE fax your request to the Transportation Department prior to date of trip to provide ample time for approval and return. Upon faxing a request, please call 629-6255 to confirm that your request was received.

**NOTE:** In the event of a cancellation, it is the responsibility of the Contact Teacher to advise (within a reasonable time frame) the Transportation Department of the cancellation. Please send cancellation request via email to [cathy.jones@sccboe.org](mailto:cathy.jones@sccboe.org)

DATE OF REQUEST \_\_\_\_\_ DATE(S) OF TRIP (For non-consecutive dates, please submit separate request for each date): \_\_\_\_\_

SCHOOL \_\_\_\_\_

CONTACT TEACHER: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_ PLANNING PERIOD: \_\_\_\_\_

TEACHER(S) ATTENDING: \_\_\_\_\_ Activity # (for Bookkeeper): \_\_\_\_\_

NUMBER SCHEDULED TO ATTEND: Students \_\_\_\_\_ Teachers/Admin \_\_\_\_\_ Chaperones \_\_\_\_\_

NUMBER OF BUSES NEEDED: \_\_\_\_\_ Special Requirements Needed (if any): \_\_\_\_\_

NUMBER OF MILES FROM SCHOOL TO DESTINATION PER ATTACHED MAP QUEST: \_\_\_\_\_

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

BUS DRIVER(S) FOR TRIP: \_\_\_\_\_

APPROXIMATE TIME BUS IS SCHEDULED TO LEAVE: \_\_\_\_\_ RETURN: \_\_\_\_\_

NUMBER OF FIELD TRIPS TAKEN BY THIS CLASS FOR THE CURRENT SCHOOL YEAR: \_\_\_\_\_

OBJECTIVES OF TRIP: \_\_\_\_\_

**ITINERARY:** \_\_\_\_\_

**A LIST OF STUDENTS/ADULTS ON EACH BUS MUST BE ON FILE IN THE PRINCIPAL'S OFFICE PRIOR TO DEPARTURE**

**APPROVAL:**

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

TRANSPORTATION DIRECTOR \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERINTENDENT (Required for ANY out-of-state trips) \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY THE TRANSPORTATION DEPARTMENT:**

BUS (ES) ASSIGNED: \_\_\_\_\_

Date request was received: \_\_\_\_\_ Date assigned and returned to school: \_\_\_\_\_

Trip cancelled (via email) per: \_\_\_\_\_ Date of cancellation: \_\_\_\_\_