

**Santo ISD Transportation Request/Report**

1. Submit a request for a field trip bus two weeks in advance of date needed and fill in all applicable sections above the double line. Sign.
2. In the box marked **Staff** at the bottom of page, mark all boxes that apply. Submit to campus principal for approval.

Departure Time: _____
Estimated Return: _____

**Date Submitted to Principal** \_\_\_\_\_

Group/Class Using Vehicle \_\_\_\_\_ Date of trip \_\_\_\_\_

Sponsor \_\_\_\_\_ Purpose \_\_\_\_\_

Driver(s) \_\_\_\_\_ Destination \_\_\_\_\_

Number of Passengers: Students \_\_\_\_\_ Sponsors \_\_\_\_\_

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Principal's Initials

\_\_\_\_\_  
Driver Signature, if different from sponsor

<b>2</b> Odometer Reading on Returning to School	(X)	_____	<b>X</b>
<b>1</b> Odometer Reading on Leaving School	(Y)	_____	<b>Y</b>
Total Miles Traveled	(Z)	_____	<b>Z</b>
Down Time (route drivers only)		_____	

Bus # \_\_\_\_\_

\_\_\_\_\_  
Signature, Superintendent

Account # \_\_\_\_\_

<b>Staff:</b> Please mark the vehicle type(s) you are requesting below:	
<input type="checkbox"/>	Bus
<input type="checkbox"/>	Truck/Trailer
<input type="checkbox"/>	Activity Bus
<input type="checkbox"/>	Suburban
<input type="checkbox"/>	Van
<input type="checkbox"/>	Car
<input type="checkbox"/>	Truck

For Admin Use Only		
# Buses? _____	Trailer Driver? _____	
<i>Driver Names</i>		Asked & Date
Bus Driver 1		
Bus Driver 2		
Bus Driver 3		
Truck/Trailer Driver		

Comments/Notes: