PENDLETON COUNTY SCHOOLS TRIP REQUEST/ROSTER

Two Week Notice Required for Guarantee Trip Request

Driver (please print)	Bus #
A Trip Request/Roster must be prepared for each OFFICE and one copy to the CHAPERONE TO C DELOGRAPHICE All fields must be or	HECK ROLL and GIVEN TO BUS DRIVER
PRIOR TO DEPARTURE. All fields must be confidence. 1. To be completed by Teacher/School and forward.	
Date of Trip S	
Name of School/Group Organization	
Type of Trip: Curricular Extracurricula	or Other (specify)
Destination/Purpose of Trip:	
Departure Time AM - PM	Return time AM - PM
Free Trip: Yes No If no, Fund	ling Source
School Packed Lunches Needed? Yes	No How Many Kitchen Notified Yes
Principal:	
Total Number Passengers:	Number of buses requested:
Date submitted to Board of Education	
	Date
*********	*****
2. To be completed by driver and returned to su	pervisor.
Absent from Reg. Run: Please circle Yes or No	& Full or Half-Day
Total Round Trip Mileage	
Gallons of Fuel used on trip	
I certify that the Pre/Post Trip Inspection com	pleted on this bus:
Pre/Post Trip Time: Total Hours (i	ncluding pre/post trip:
Driver's Signature:	
Supervisor's Signature:	Trip #

3. To be completed by Teacher prior to trip and after Transportation Director Approval.

PLEASE COMPLETE SEAT ASSIGNMENT FOR EACH PASSENGER

Seat	Name of Passengers	Seat	
1		2	
_	1 2.	- 2	1
		-	
3	3	4	3
3	1	- 4	1
	2	_	2
	3	_	3
5	1	_ 6	1
	2	_	2
	3	_	3
7	1	_ 8	1
	2	_	2
	3	_	3
9	1	_ 10	1
	2	_	2
	3	_	3
11	1.	12	1.
	2.		2
	3	_	3
13	1.	14	1.
10	2.	-	2
		_	
15	3 1.	16	3 1.
13	2.	_ 10	2
		-	
17	3 1.	18	3 1.
1/	2	- 10	
		-	2
10	3	20	3
19	1	_ 20	1
	2	_	2
0.1	3	_	3
21	1	_ 22	1
	2	-	2
	3	_	3
23	1	_ 24	1
	2	_	2
	3	_	3
25	1	_ 26	1
	2	_	2
	3		3