

EAST CENTRAL INDEPENDENT SCHOOL DISTRICT
BUS REQUEST

SCHOOL: _____ DATES REQUIRED: _____

NAME OF EVENT: _____ GRADE/CLASS: _____

DESTINATIONS: _____

PURPOSE OF TRIP: _____

#STUDENTS ATTENDING: _____ #BUSES NEEDED: _____

DRIVERS NEEDED: _____ REQUESTED DRIVER:(if applicable) _____

BUS WILL LEAVE AT: _____ RETURN APPROXIMATELY: _____

HOW WILL THIS TRIP BE PAID FOR:(Mark one)

_____ DISTRICT FUNDS (List Budget Code) _____

(Must list budget code or district funds cannot be used)

_____ CAMPUS FUNDS _____ MONEY COLLECTED FROM STUDENTS

_____ OTHER (Must Specify) _____

Signature of Sponsor

Printed Name of Sponsor

Principal's Approval

Note: Please call the Bus Garage at least one or two days before scheduled trip to confirm.