

Colorado City Unified School District #14

Bus Request Form

School (Business) _____

Address _____

Grade or Department _____ Date of Trip _____

Destination: _____

Nature and Purpose of Trip: _____

Departure Time from School: _____

Return Time to School: _____

Number to be transported: Students (minors) _____ Adults _____

Rest Stops, if any: _____

Overnight Arrangements, if any: _____

Chaperones, if any:

Supervisory Person _____

School (Business) Authorization _____ Date _____

CCUSD Authorization _____ Date _____

To be completed by CCUSD			
Mileage		Time	
Leave CCUSD		Leave CCUSD	
Arrive @ Destination		Arrive @ Destination	
Arrive @ CCUSD		Return to CCUSD	
Total Miles		Total Time	

I hereby verify that trip was completed as authorized.

Bus #: _____

Bus Driver's Signature

Problems Encountered? Yes No
(Use back of sheet for explanation)