

APPLICATION FOR USE OF BUS  
(MUST BE RECEIVED IN THE TMC TWO WEEKS PRIOR TO DATE OF TRIP)

Name of School Applying \_\_\_\_\_ Grade \_\_\_\_\_

Date of Application Submitted \_\_\_\_\_ By Whom \_\_\_\_\_

Purpose of Trip \_\_\_\_\_  
\_\_\_\_\_

Date Trip to be Taken: Day \_\_\_\_\_ Date \_\_\_\_\_

Sponsors \_\_\_\_\_

Requested Departure:

Time \_\_\_\_\_ Place \_\_\_\_\_

Number of People to Make Trip: Students \_\_\_\_\_ Sponsors \_\_\_\_\_ Total \_\_\_\_\_

Planned En-route Stop:

Location \_\_\_\_\_ Length of time \_\_\_\_\_

Requested Destination

Arrival Time \_\_\_\_\_ Place \_\_\_\_\_

Wait Time \_\_\_\_\_ Departure Time \_\_\_\_\_

Planned En-route Stop:

Location \_\_\_\_\_ Length of Time \_\_\_\_\_

Time to Return to School by \_\_\_\_\_

School to be Charged\* \_\_\_\_\_ Code\* \_\_\_\_\_

Please describe the route that you would like to travel to and from the destination

\_\_\_\_\_  
\_\_\_\_\_

Teacher \_\_\_\_\_ Bldg. Principal Approval \_\_\_\_\_ Date \_\_\_\_\_

Board Approval: Yes/No (Circle one) Director of Trans. Approval \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Must complete section before approval is considered.