



Northern Gateway  
Public Schools

Box 699 - Valleyview, Alberta T0H 3N0  
524-3833 or 1-888-785-3396

**APPLICATION FOR USE OF DIVISION BUSES  
2017-2018 School Year  
TRANSPORTATION FAX 780-524-4256**

Please send copy to the Director of Transportation and a signed/approved copy will be returned to the school. A copy must be carried in the school bus for Highway Traffic Regulations.

**TRANSPORTATION INFORMATION**

School: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_  
# of Buses: \_\_\_\_\_ Number of People: \_\_\_\_\_ Estimated Total Kilometers: \_\_\_\_\_  
Date Required: \_\_\_\_\_ Time Out: \_\_\_\_\_ Time Returned: \_\_\_\_\_  
Destination: \_\_\_\_\_  
Name of Driver: \_\_\_\_\_ (Drivers must be approved by the Transportation Director)  
(Check one) Volunteered Driver \_\_\_\_ Driver paid by School \_\_\_\_ Driver paid by Transportation\_\_\_\_\_

**DESCRIPTION OF TRIP AND ACTIVITY**

Purpose of Trip: \_\_\_\_\_  
Name(s) of Teacher(s) requesting approval: \_\_\_\_\_  
Name(s) of Trip Supervisor(s): \_\_\_\_\_  
Name(s) of non-divisional personnel riding on the bus: \_\_\_\_\_

**AUTHORIZATIONS**

Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
Transportation Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please report any cancellations or changes in dates to the Director of Transportation)

**TRIP REPORT**

School/Group: \_\_\_\_\_ Driver: \_\_\_\_\_  
Date: \_\_\_\_\_ Destination: \_\_\_\_\_

**ODOMETER READING:**

UNIT#: \_\_\_\_\_ START: \_\_\_\_\_ END: \_\_\_\_\_ Total Distance: \_\_\_\_\_ KM

**DRIVERS LOG:**

Day 1 Start Time: \_\_\_\_\_ Day 2 Start Time: \_\_\_\_\_ Day 3 Start Time: \_\_\_\_\_  
Day 1 End Time: \_\_\_\_\_ Day 2 End Time: \_\_\_\_\_ Day 3 End Time: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR TRANSPORTATION OFFICE USE ONLY**

Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN COMPLETED TRIP FORMS ALONG WITH PRE-TRIP INSPECTION FORMS TO THE  
TRANSPORTATION OFFICE IMMEDIATELY UPON COMPLETION OF TRIP**

24 hr. transp. emergency call: 1-780-524-8331