



Northern Gateway
Public Schools

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

**APPLICATION FOR USE OF DIVISION BUSES
2015-2016 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: _____

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