

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

APPLICATION FOR USE OF DIVISION BUSES 2018-2019 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 for the bus booking only, school to provide driver. 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:				
Destination:				
Name of Driver:	(Drivers must be approved by the Transportation Director)			
Check one: Volunteer DriverDriver paid by School				

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 REPO	<u>RT</u>		
School/Group:	Driver:			
		on:		
ODOMETER READING:				
UNIT#:START:	END:	Total Distance: KM		
DRIVERS LOG:				
Day 1 Start Time:	Day 2 Start Time:	Day 3 Start Time: Day 3 End Time:		
Day 1 End Time:	Day 2 End Time:	Day 3 End Time:		
Driver's Signature:		Date:		
*****	******	*****		
<u>FOR TR/</u>	ANSPORTATION OFFICE USE OF	NLY		
Amount: \$	Date:			
	MPLETED TRIP FORMS ALONG WIT PORTATION OFFICE IMMEDIATELY	TH PRE-TRIP INSPECTION FORMS TO THE		