

Beaver School District
Bus Report

Advisors Information and Bus Request Form

School _____ Date _____

Travel Request to _____

Advisor of Trip _____

Phone number of Advisor _____

Sport or Activity _____

Date of Trip _____

Time leaving School _____

Date of Return _____

Approximate number of Students _____

Other Information _____

I have evaluated this trip and it meets educational purpose:

Principals authorization _____

Vehicle authorization _____

Bus supervisor

Drivers Name _____

Drivers phone number _____

Total driving time _____

Total Miles _____

Lay over Time _____

Drivers meals if any _____

Bus Number _____
