

Ardmore City Schools
School Activity & Transportation Request

Note → *All requests must be received by the Transportation Department with completed information & principal/supervisor approval two weeks prior to the date of trip.*

Date of Request: _____

Date of Trip: _____

Sponsor Making Request	Organization or School

Destination	Destination Miles

Number of Students Attending

Grade

Is this trip OSSAA Sanctioned?

Yes No

Have you verified that a parental consent form for students being transported is on file?

Yes No

Purpose of Trip

		Yes No
Source of Funds For Trip Expense	Number of Sponsors Attending	Will a Substitute Be Necessary?

Type of Transportation Requested	Number of Vehicles Requested

If you are transporting seven or more students, please do not request a small vehicle. Small vehicles are used for six or fewer students. (Per State Law)

Departure Time	Departure Location	Return Time	Return Location	Bus/Vehicle Assigned	Name of Bus Driver

To be completed by Transportation Dept

As sponsor of this trip, I am responsible for discipline, making students aware of the bus/vehicle rules, having students clean the bus/vehicle before they leave the bus/vehicle. In addition, if more than one sponsor(s) is on a bus, additional sponsor(s) will sit throughout the bus with the students. I also understand that we will not deviate from the itinerary unless authorized by the Director of Operations or the Superintendent.

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Printed Name of Sponsor In Charge of Activity

Signature

Note: If bus/vehicle not available, the district may not be able to grant your request

Approving Authority

Principal/Supervisor Review & Approval

Date Received

Remarks:

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Principal/Supervisor Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Date Signed:
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Transportation Department Review/Approval

Date Received: _____ Was this request received two weeks prior to trip? Yes No

Remarks/Charges: _____

Transportation Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Date Signed:
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**Approval of Superintendent/Board of Education
(Out of State Trips)**

Superintendent <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Date Signed:
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Board of Education <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Date Signed:
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