

ALTUS PUBLIC SCHOOLS
SCHOOL ACTIVITY AND TRANSPORTATION REQUEST (Updated 8-26-09) 6

TWO WEEKS NOTICE IS REQUIRED
FORM MUST BE FILLED OUT COMPLETELY OR IT WILL BE RETURNED

Sponsor Making Request _____ Date of Request _____

Organization/School _____ Date of Trip _____

Destination _____ Destination.....Miles _____

Number of Students Attending _____ Grade(s) _____

IS PARENTAL CONSENT OF STUDENTS BEING TRANSPORTED ON FILE? YES _____ NO _____

PURPOSE OF TRIP _____ **OSSAA SANCTIONED? YES / NO**

Number of Sponsors Attending _____ Substitute Necessary _____

Source of Funds
For Trip Expenses

Sponsor in Charge of Activity (Signature) _____

APPROVING AUTHORITY

Date Request was Received by Building Principal _____

Remarks _____

Approval of Principal (Signature) _____ Date Signed _____

IF TRANSPORTATION IS NEEDED, THE PRINCIPAL WILL FORWARD THIS REQUEST TO THE DIRECTOR OF RELATED SERVICES – TWO WEEKS NOTICE IS REQUIRED

Type of Transportation Requested _____ # of Vehicles Requested _____

IF YOU ARE TRANSPORTING 7 OR MORE STUDENTS, PLEASE DO NOT REQUEST A SMALL VEHICLE. SMALL VEHICLES ARE USED FOR 6 OR FEWER STUDENTS. (PER STATE LAW)

TIME AND PLACE OF DEPARTURE	TIME AND PLACE OF RETURN	BUS ASSIGNED	NAME OF BUS DRIVER

Remarks/Charges _____

Approval/Signature of Director of Related Services _____ Date _____

Approval/Signature of Superintendent _____ Date _____
 (Out of state trips)

IF BUS NOT AVAILABLE, WE MAY NOT BE ABLE TO GRANT YOUR REQUEST