

RIVERCREST INDEPENDENT SCHOOL DISTRICT

BUS REQUEST FORM

Teacher _____ GROUP _____

Date of trip _____ Destination _____

Leaving Time _____ Return Time _____

Purpose of Trip _____

Will bus be needed _____ Number of students _____

Will students be absent from another teacher's class _____

Name of sponsor riding bus with students _____

Signature of Teacher

Signature of Principal

Signature of Transportation Director

Bus Unit Assigned _____

Capacity _____

Driver Assigned _____

Load At _____

The following is to be completed by driver and returned to the Transportation Director so tha payment can be made for the trip.

Mileage on bus before trip _____

Mileage on bus after trip _____

Signature of Bus Driver

Date

Rivercrest High School 903-632-5204 or 5101
Ricky Moore 903-632-1389

Freddy Wade 903-632-5203 or 5205