

Bus Number _____
Bus Driver _____
Substitute
driver if
needed _____

Use of School Bus Request Form

Jenkins Independent Schools

Date of Request _____

Date(s) Bus will be in use _____

Specific Destination of bus _____ # of Miles _____

Time of Departure _____ Time of return _____

Number of students to be
on bus _____

Sponsors of trip _____

Purpose of trip _____

Requested by _____

Principal _____
Signature Approved Date Disapproved Date

CENTRAL OFFICE

Transportation _____
Signature Approved Date Disapproved Date

Superintendent _____
Signature Approved Date Disapproved Date