

TATE COUNTY SCHOOL DISTRICT

BUS PERMIT

PERMIT NUMBER:



BUS NUMBER: _____
DRIVER: _____

Circle One: FIELD TRIP or ATHLETIC TRIP

DATE OF REQUEST: _____ REQUESTING SCHOOL: _____

TEACHER REQUESTING: _____ GRADE/CLASS/CLUB: _____

DESTINATION: _____

ROUTE: _____

DEPARTURE DATE: _____ RETURN DATE: _____

DEPARTURE TIME: _____ RETURN TIME: _____

DEPARTURE SITE: _____ RETURN SITE: _____

NUMBER OF TRAVELING STUDENTS: _____

SUPERVISOR(S): _____

SIGNATURE OF REQUESTING TEACHER: _____

SIGNATURE OF PRINCIPAL/SUPERVISOR: _____

SIGNATURE OF DIRECTOR OF OPERATIONS: _____

DATE APPROVED: _____

DRIVER'S ACTUAL DEPART TIME: _____ RETURN TIME: _____

ODOMETER READING: BEGINNING: _____ ENDING: _____