

Ontario Local Schools – Trip Request

Instructions: Requests must be turned into the Ontario Bus Garage 14 days prior to trip. Each bus must have a trip request. A staff member must be on the bus. No one will be permitted on the bus who is not on the student roster / or an approved chaperone. This is to certify that permission has been granted for the vehicle designated below to make the trip on the date listed. This trip is in compliance with the rules of the Ohio Department of Education and the Board of Education.

Trip Time Estimate		Trip Information	
Departure time:		Trip date:	
Return arrival time estimate:		Staff member(s):	
Total estimated trip time:		Chaperone(s):	
		No. of buses:	
Emergency contacts:		No. of students:	
Emergency phone #'s:		Purpose of trip:	
Destination:			
Address:			
City:			

Requesting School Information (check one or more locations)

<input type="checkbox"/> OHS	<input type="checkbox"/> OMS	<input type="checkbox"/> Stingel	<input type="checkbox"/> Other	<input type="checkbox"/> To Invoice
<input type="checkbox"/> Yes – meal stop planned		<input type="checkbox"/> No – meal stop not planned		

NOTE: a roster of students / chaperone(s) must be provided by the faculty member to the bus driver.

Approval: _____	_____
Principal / Athletic Director / Transportation Supervisor	Date

Post Trip Information

Vehicle No:		Pre – trip inspection:	Hr: *****	Min: 15
Bus driver:		Departure time:	Hr:	Min:
Odometer – starting:		Return time to OLS:	Hr:	Min:
Odometer – ending:		Post – trip clean up/fueling:	Hr: *****	Min.: 30
Total mileage:		TOTAL trip time:	Hrs:	Min:

Signature of faculty member: _____	Return time: _____
Signature of bus driver: _____	Sec/Aide Initials: _____

Treasurer’s office: - do not write in this section:

Bus Transportation Supervisor: _____

300-4511-143-9994-004 baseball	300-4528-143-9994-004 wrestling	300-4547-143-9994-004 g track
300-4512-143-9994-004 b basketball	300-4529-143-9994-004 weight lifting	001-2829-144-004-400 – f/t OHS
300-4513-143-9994-004 b soccer	300-4532-143-9994-004 g basketball	001-2829-144-003-300 – f/t OMS
300-4516-143-9994-004 football	300-4533-143-9994-004 g soccer	001-2829-144-002-200 – f/t Stingel
300-4521-143-9994-004 b swim	300-4534-143-9994-004 softball	xxx-xxxx-xxx-xxx other
300-4523-143-9994-004 cross country	300-4535-143-9994-004 volleyball	001-2829-144 billed trips
300-4524-143-9994-004 b golf	300-4541-143-9994-004 g swim	001-2829-149 extra/learning trips
300-4526-143-9994-004 b tennis	300-4544-143-9994-004 g golf	200-4134-143-9440 – band fund
300-4527-143-9994-004 b track	300-4546-143-9994-004 g tennis	200-4138-143-9890 – choir fund

Driver’s name(printed)	Hours	Rate per hour	Total amount due:
		\$	\$

Forms should be copied in triplicate. Original copy to Treasurer’s office: one copy to requesting location: one copy to the bus garage .