

Today's Date: _____

SHUTTLE BUS AND FIELD TRIP REQUEST FORM

Burleson ISD Maintenance Department

Phone: 817-245-1142

Email: tammy.johnson@bisdmail.net

School: _____

Sport or Organization: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

Trip Date Requested: _____

Grade Level: _____

Destination: _____

Student Count: _____

Teacher Count: _____ *Parents are not allowed on buses.

Time: Pick Up: _____ (No earlier than 8:30 am)

Times are for field trips only

Back to campus: _____ (Buses need to be back on the lot at 2:00)

Driver Needed: Yes No Name of Driver: _____

*Teachers:

When more than one bus is going, please advise the parents that are driving to follow behind the buses. It is dangerous to get in between the buses when in route. No ice chests are allowed on the bus.

***** Please estimate your mileage at \$1.50 and put in a PO. Send the PO number to the Maintenance Dept. before you take your trip.**

Maintenance Office use only

Approved / Declined

Approved By: _____

Notes: _____

Confirm Date: _____

Bus Number(s): _____

(Subject to change)