

Transportation Services
Field Trip Request/Billing: 253-800-5934/253 800 5916
Scan to Email sjolin@bethelsd.org
Fax: 253-800-5938
Bus or Van Request Form

Request for Student Transportation
Field Trip/Extra Curricular Activity

1. Transportation requests are to be submitted **no less than two weeks** prior to the trip.
2. A **separate** request form must be filled out for each trip.
3. Upon approval you will receive a copy of original request completed with estimated cost of trip.
4. Contact transportation to confirm transportation request **three days prior to trip.**
5. **If students will not be arriving back to school with enough time to board their regular assigned bus for home, parents will be responsible for transporting children home.**

Date of Trip: _____ Date of Request: _____ School: _____

Destination: _____ Address: _____

Activity: _____ Number of Student: _____ Number of Adults: _____

Time Bus to Arrive at School: _____

Time Trip will Leave School: _____

Time Trip Scheduled to Arrive at Destination: _____

Time Trip will Depart Destination: _____

Time Trip will Return to School: _____

Will You Need Parking Off Site: YES () NO ()

Be Prepared to Pay Any Parking/Ferry Charges

Maximum Bus/Van Capacity Guide

Elementary Students 60 Plus 4 Adults approx.

Secondary Students 50 Plus 4 Adults approx.

Van 7 Passengers 1 Driver

Number of Buses Needed: _____

Number of Vans Needed: _____

Special Bus Needs:

() Undercarriage () Musical Instruments

() Wheel Chair Bus # of Wheel Chairs: ___

Number of Harnesses Needed:

() Other: _____

Include all directions, parking locations and special arrangements needed. Parking arrangements and cost is the responsibility of the requesting school at the time of the trip.

Trip Contact Name: _____ Phone Number: _____

Trip to Be Charged to: General Fund/ASB Fund

Account Code: _____

Trip will not be processed without an account code

() Approved () Denied Building Administrator: _____ Date: _____

() Approved () Denied Transportation Director/Designee: _____ Date: _____

Trip was denied for District Transportation and trip will be contracted with:

Reason () Interferes with daily to and from delivery of students. () Other _____

Estimated Cost of Trip \$ _____ per bus x _____ # of Buses = \$ _____

Transportation Comments: