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

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: