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 Students: _______ 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

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.

____________________________________________________________________________________

Maximum Bus/Van Capacity Guide
Elementary Students 60 Plus 4 Adults
Secondary Students 50 Plus 4 Adults
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: ____________________________
____________________________________________________________________________________

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: _________________________________