

KENNARD INDEPENDENT SCHOOL DISTRICT  
Bus Request  
Extra-Curricular Report

Date: \_\_\_\_\_ Name of Organization: \_\_\_\_\_

Destination: \_\_\_\_\_ Purpose: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_  
FROM SCHOOL TO SCHOOL

Odometer Reading: \_\_\_\_\_ To: \_\_\_\_\_ Total: \_\_\_\_\_  
BEGINNING ENDING

Driver Name: \_\_\_\_\_ Number of Students: \_\_\_\_\_

Bus Number: \_\_\_\_\_

Signed: \_\_\_\_\_  
BUS DRIVER TEACHER/SPONSOR

Approved: \_\_\_\_\_  
TRANSPORTATION SUPERVISOR PRINCIPAL

\$ \_\_\_\_\_  
PAYMENT AMOUNT

\*\*\*\*\*

Date: \_\_\_\_\_ Name of Organization: \_\_\_\_\_

Destination: \_\_\_\_\_ Purpose: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_  
FROM SCHOOL TO SCHOOL

Odometer Reading: \_\_\_\_\_ To: \_\_\_\_\_ Total: \_\_\_\_\_  
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Approved: \_\_\_\_\_  
TRANSPORTATION SUPERVISOR PRINCIPAL

\$ \_\_\_\_\_  
PAYMENT AMOUNT