

KENNARD INDEPENDENT SCHOOL DISTRICT
BUS/FIELD TRIP REQUEST



Date of Trip: _____ Date of Request _____

Name of Organization/Grade Level: _____

Destination: _____

Purpose: _____

Departure Time (from school): _____ Return Time (to school): _____

Number of Students: _____ Number of Adults: _____

Teacher/Sponsor Signature



Completed by administration

Approved Yes No

Principal Signature

Date

Approved Yes No

Transportation Supervisor

Date

Driver: _____ Bus Number: _____

Odometer Reading: _____ to _____ Total Miles: _____
Beginning Ending

Bus Driver Signature

Date