

**ACTIVITY TRIP REQUEST FOR TRANSPORTATION**  
**UNIFIED SCHOOL DISTRICT 473**

Attendance Center \_\_\_\_\_ Date \_\_\_\_\_

Destination \_\_\_\_\_ **DATE LEAVING:** \_\_\_\_\_

Activity: \_\_\_\_\_ **TIME LEAVING:** \_\_\_\_\_

Number of **Students:** \_\_\_\_\_ Return Date: \_\_\_\_\_

Number of **Adults:** \_\_\_\_\_ Return Time: \_\_\_\_\_

Driver Needed \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Check one)

**Requested by:** \_\_\_\_\_ and \_\_\_\_\_  
Sponsor Building Principal

**Approved by:** \_\_\_\_\_ and \_\_\_\_\_  
Superintendent Transportation Director

Driver: \_\_\_\_\_ Bus No./Car: \_\_\_\_\_

Speedometer Reading: \_\_\_\_\_  
Start Stop Total Trip

**DRIVER INSPECTION: Walk around safety check:** \_\_\_\_\_

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An accurate record of special and activity trips is required for a variety of reports.

**Please submit this request "AT LEAST ONE WEEK" prior to the activity.**

After approval, copies will be filed at the Transportation Office and with the sponsor or principal. For a series of events such as football, only one request together with an attached schedule fulfills the requirement.

**NOTES:**