

Date Request Made _____
Date Received-Transportation: _____

MT. VERNON I.S.D.
MT. VERNON, TEXAS

ADMINISTRATIVE REGULATION _____ NAME OF DRIVER _____
(Superintendent) _____BUS____SUBURBAN____ PICKUP____TRAILER____VAN

EXTRA CURRICULAR TRIP REQUEST

Sponsors making trip request must fill in all information on top half and return it to the principal
NO LESS THAN 10 SCHOOL DAYS PRIOR TO THE DATE OF THE TRIP.

ORGANIZATION _____ DESTINATION: (city) _____

DATE OF TRIP _____ DESTINATION: (place) _____

LOADING TIME _____ NUMBER OF RIDERS _____

LOADING PLACE _____ ETA IN MT. VERNON _____

Will students miss classes? _____ Do students have parent's permission? _____

PURPOSE OF THE TRIP _____

SPONSOR

PRINCIPAL

TRANSPORTATION SUPERVISOR

TRANSPORTATION DIRECTOR

EXTRACURRICULAR DRIVER REPORT

Driver must fill in all information below and return to the Administration office after returning from the trip.

Load in Mt. Vernon _____ Unload at Destination _____ = _____
Time Time Hours

Load at Destination _____ Unload in Mt. Vernon _____ = _____
Time Time Hours

ACTUAL DRIVING TIME _____
Hours

SUPERVISION TIME _____
Hours

TOTAL TIME ON TRIP _____
Hours

SPEEDOMETER READING:

Vehicle used on trip _____

End of Trip _____

Start of Trip _____

TOTAL MILES _____

SIGNED _____
Driver

TECHNICAL PROBLEMS: YES / NO
(If yes please explain on the (Check One)
back and return immediately.)

**Turn in a copy to your supervisor and
make a copy for your file.**