COLUMBIA SCHOOL DISTRICT

BUS REQUEST

TO BE SUBMITTED AT LEAST ONE WEEK PRIOR TO TRIP

Date Request Sub	mitted:			
Destination (s): _				
— Purpose of Trip:				
		Athletic; Sport:		_
		Band: CHS	JMS	
		Field Trip Group:		
		Purpose of Trip:		
		Other; Explain:		_
Number of Studer	nts:			
Departure:	Time:		Date:	
Return:	Time:		Date:	
Approximate Roui	nd Trip Mil	eage:		
Person-in-Charge:				
		RESPONSIBLE FOR THE CLEAN BE ASSESSED FOR BUSES RETU		EIR RETURN. A \$15
Signature of person making request			Signature of Principal (Except for athletic and band)	
Approved by:				
Transportation Director			Date	