White Cloud Public Schools
Bus Use Request Form

Date of Request:	Date of Trip:	
Name of Group Requesting Bus Use:		
School Requesting Bus Use: _____EL _____JH _____HS Other: _____		
Time of Departure:	Scheduled Return Time:	
Student Count:	Adult Count:	Total Riders:
Destination Name:		
Destination Address:		
Distance One Way:	Distance Round Trip:	
Purpose of Trip:		
Person(s) Responsible for Supervision:		
Additional Stops? _____ No _____Yes If Yes, Where?		
Will Food be Transported? _____ No _____ Yes If Yes, How many boxes/coolers?		
Will Lunch be Served on the Bus? _____ No _____ Yes		
Requestor Signature:	Date:	
Administrator Signature:	Date:	

Transportation Use Only

Trip Authorized by:	
Driver(s) Assigned:	Bus(es) Assigned:
Total Miles: _____ Buses ____ x Mileage Cost $_____/mile x _____= $	
Total Hours: _____ Drivers ____ x Hourly Cost $_____/hour x _____= $	
Meal Reimbursement? _____ No _____ Yes If Yes, $	
Total Cost: $	