

Extra/Co-Curricular Trip Request

Campus: _____ Date _____

Account #: _____ Trip to: _____

Date of Trip: _____ Day: _____ Address: _____ Group or Dept: _____

Number of Buses: _____ Loading AM - PM _____ Return to Campus: _____

Number of Riders: _____ Loading Area: _____

Coach will drive: Yes _____ No _____

Use of Toll Road: Yes _____ No _____

Sponsors:

Special Instructions or Directions: _____

 Person Making Request

 Department Head/Supervisor

 Principal/Authorizing Administrator

TRANSPORTATION USE ONLY

Bus No.	Driver	Mileage	Time	Cost

Total Cost \$ _____

*Notes: (1) Submit to Director of Student Transportation at least 5 days prior to trip.
 (2) Athletic Requests: Must be submitted to Athletic Director at Seguin High School for approval at least 2 weeks in advance.
 All trips must be approved.*

 Director of Student Transportation