

EXTRA BUS TRIP REQUEST



BENZIE CENTRAL
SCHOOLS

Date of Trip _____ Group _____

Leaving From _____ at _____ AM / PM

Traveling To _____ Arrive at _____ AM / PM

Returning To _____ at _____ AM / PM

People (including staff) _____ Directions provided: Yes / No

Buses Requested _____

Bill To _____ Driver's Meal: Sack / Stopping

Date Submitted _____ Date Received _____

Request: Confirmed / Denied _____ Date Confirmed/Denied: _____

Teacher /Coach/Advisor Signature _____ Date _____

Principal Signature _____ Date _____

Transportation Director Signature _____ Date _____

[I have read the Extra Trip Guidelines for Chaperones and Coaches](#)

Signature _____

****The above signature is required for approval***

Information is located on our website on the Transportation page

www.benzieschools.net