SCHOOL DISTRICT NO. 22 (VERNON)

APPLICATION TO USE SCHOOL BUSSES

FOR OTHER THAN DAILY TRANSPORTATION

TD1

TRIP #

TO / FROM

DOWNLOAD this form! **Please do not attempt to fill out this form while open in a browser window.**
***COMPLETE FORM and save this PDF*. EMAIL to your Secretary in Charge for GL Account code and Administrators signature.**
Once complete save/email forward to Transportation (activitytrips@sd22.bc.ca)

(A trip number will be assigned as confirmation of booking and Emailed back to Secretary In Charge)

1. **Trip Date: _____ # of students: _____ Grade: _____ # of Adults: _____**

2. **FROM: _____ AT: _____**
(Specify location and proper address) (Departure Time)

3. **TO: _____ RETURN: _____**
(Specify location and proper address) (Departure Time)

4. **Additional Details: _____**

5. **Special Request: compartments _☐_ wheelchair _☐_ Details: _____**

6. **Account Code: _____ School: _____**

7. **Teacher: _____ Contact Name & Cell Ph#: _____**
(While on trip for driver)

8. **School Department: _____ Purpose of Trip: _____**

DATE OF APPLICATION **APPROVED BY:**

Itinerary if overnight or multiple drop off locations. Include pickup and return times and locations.

Revised May2022