

**WORTHINGTON HIGH SCHOOL
BUS REQUEST**

DATE REQUESTED _____ (10-14 day prior approval required)

DAY & DATE OF TRIP REQUEST _____

TEACHER'S NAME _____ CLASS: _____

TEACHER'S CELL NUMBER _____

DESTINATION OF TRIP _____

ADDRESS _____

TIME FOR PICK-UP _____ TIME OF RETURN _____

DEPART FROM: _____ i.e. front of building, north side, door #)

PURPOSE OF TRIP _____

NUMBER OF STUDENTS GOING ON TRIP _____ NUMBER OF ADULTS _____

TYPE OF VEHICLE _____ SCHOOL BUS
_____ CHARTER BUS
_____ SMALL VAN (8 passenger including the driver - 1 van available)

FINANCIAL CODE _____

ACTIVITY ACCOUNT _____

EMPLOYEE SIGNATURE _____

WHS PRINCIPAL SIGNATURE _____

OFFICE USE: DATE/TIME CALLED IN _____