

**Transportation Services**  
**Field Trip Request/Billing: 253-683-5934/253 683 5916**  
**Scan to Email dtturner@bethelsd.org**  
**Fax: 253-683-5938**  
**Bus or Van Request Form**

1. Transportation requests are to be submitted **no less than two weeks** prior to the trip.
2. A **separate** request form must be filled out for each trip.
3. Upon approval you will receive a copy of original request completed with estimated cost of trip.
4. Contact transportation to confirm transportation request **three days prior to trip.**
5. **If students will not be arriving back to school with enough time to board their regular assigned bus for home, parents will be responsible for transporting children home.**

**Request for Student Transportation**  
**Field Trip/Extra Curricular Activity**

Date of Trip: \_\_\_\_\_ Date of Request: \_\_\_\_\_ School: \_\_\_\_\_

Destination: \_\_\_\_\_ Address: \_\_\_\_\_

Activity: \_\_\_\_\_ Number of Student: \_\_\_\_\_ Number of Adults: \_\_\_\_\_

**Time Bus to Arrive at School:** \_\_\_\_\_

**Time Trip will Leave School:** \_\_\_\_\_

**Time Trip Scheduled to Arrive at Destination:** \_\_\_\_\_

**Time Trip will Depart Destination:** \_\_\_\_\_

**Time Trip will Return to School:** \_\_\_\_\_

**Will You Need Parking Off Site: YES ( ) NO ( )**

***Be Prepared to Pay Any Parking/Ferry Charges***

**Maximum Bus/Van Capacity Guide**

Elementary Students 60 Plus 4 Adults  
Secondary Students 50 Plus 4 Adults  
Van 7 Passengers 1 Driver  
Number of Buses Needed: \_\_\_\_\_  
Number of Vans Needed: \_\_\_\_\_

**Special Bus Needs:**

( ) Undercarriage ( ) Musical Instruments  
( ) Wheel Chair Bus # of Wheel Chairs: \_\_\_\_\_  
Number of Harnesses Needed: \_\_\_\_\_  
( ) Other: \_\_\_\_\_

***Include all directions, parking locations and special arrangements needed. Parking arrangements and cost is the responsibility of the requesting school at the time of the trip.***

\_\_\_\_\_  
\_\_\_\_\_

Trip Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Trip to Be Charged to:** General Fund/ASB Fund

Account Code: \_\_\_\_\_

***Trip will not be processed without an account code***

( ) Approved ( ) Denied Building Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

( ) Approved ( ) Denied Transportation Director/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

**Trip was denied for District Transportation and trip will be contracted with:**

Reason ( ) Interferes with daily to and from delivery of students. ( ) Other \_\_\_\_\_

Estimated Cost of Trip \$ \_\_\_\_\_ per bus x \_\_\_\_\_ # of Buses = \$ \_\_\_\_\_

Transportation Comments: