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

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

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.

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: _______________________________

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: _______________________________

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 ( )

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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: