



SAIPOYI COMMUNITY SCHOOL

Transportation Request Form *(fax or email to KBE board office once complete)*

Requested by: _____ Date of trip: _____
Teacher/Staff Name

Grade/Program: _____

Destination: _____

Length of Trip: Overnight Day Evening Weekend

Type of Trip: Sports Academic Other _____

Time of Departure: _____ Return Time (estimate): _____

Number of Students: _____ Number of Chaperones: _____

Notes/instructions: _____
If Applicable

Teacher/Staff Phone number: _____

Teacher/Staff Signature: _____

Principal/Supervisor Approval: _____ Date: _____

Budget Code: _____

Note: Teacher/Staff must be on the Bus at all times: before any children get on, and last ones to get off (for supervision purposes and to ensure cleanliness). Failure to comply will result in a \$50 cleaning fee.

ALL FIELDS MUST BE FILLED IN AND APPROVED BY PRINCIPAL OR REQUEST WILL NOT BE PROCESSED.