

Request For Special Bus Use
Olton Independent School District
(806) 285-2641

Time of Departure _____
Approx. Return _____

Name of School Making Request _____ Date Request Made _____

Name of Class or Group to Make Trip _____

Number to Make Trip _____ Date Trip to be Made _____

Destination of Trip _____ Overnight? Yes _____ No _____

Distance One Way _____ Round Trip Distance _____

Purpose of Trip _____

Give Name or Names of Person(s) Responsible for the Supervision of the Trip:

Signature of School Principal

AUTHORIZATION

Trip Authorized By _____
Driver Assigned _____

Bus No. Assigned _____