

**EAST ALLEN COUNTY SCHOOLS
EXTRA-CURRICULAR TRIP/FIELD TRIP FORM**

Trip Date _____
Bus Used on This Trip - # _____

This is to certify that _____
is an Authorized School Bus Driver for East Allen County Schools and is conducting this transportation.

FROM: _____

TO: _____

THIS TRANSPORTATION IS A SCHOOL FUNCTION CONDUCTED UNDER THE SUPERVISION AND CONTROL OF THE DIRECTION OF THE EAST ALLEN COUNTY SCHOOLS AUTHORITIES.

Date Trip Assigned to Driver _____

**TYPE OF TRIP - PLEASE CHECK THE APPROPRIATE BLANK
(Elementary schools will check "Other" and "McMillen" ONLY)**

<input type="checkbox"/> ATHLETIC (regular events)	<input type="checkbox"/> ATHLETIC (other than regular events)
<input type="checkbox"/> MUSIC (regular events)	<input type="checkbox"/> MUSIC (other than regular events)
<input type="checkbox"/> McMILLEN HEALTH CENTER	<input type="checkbox"/> GRADE _____
<input type="checkbox"/> SPECIAL EDUCATION	<input type="checkbox"/> NUMBER OF STUDENTS _____
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> BUS _____ OF _____ BUSES

Time leaving home
or bus lot _____

MILEAGE

Time bus should be
at school TO LOAD _____

At bull pen or home

Time RETURNING
to school _____

Director of Transportation

Time returning to
home or bus lot _____

At bull pen or home

Building Administrator

TOTAL MILES

Bus Driver Signature

**DRIVERS: PLEASE RETURN THIS COMPLETED FORM TO THE
TRANSPORTATION OFFICE DURING THE CURRENT PAY PERIOD.**