Bus #\_\_\_\_\_Driver\_\_\_\_\_\_\_\_\_\_\_

**Cimarron Municipal Schools**

**BUS/ACTIVITY TRIP REQUEST**

Date of Request: \_\_\_\_\_\_\_\_\_\_ Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates(s) of Activity/Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination of Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Students: \_\_\_\_\_\_\_\_\_\_Number of Adults: \_\_\_\_\_\_\_\_\_\_

Time of Departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Time of return from trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the above trip is sponsored by the school district and transportation cost are paid from public school or school activity funds.

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

School Site Principal Signature

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

Superintendent Signature

Estimated Cost: \_\_\_\_\_\_\_\_\_\_\_ Activity Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\* Must call transportation for quote 575-376-4501**

**\*\*\* Itinerary and passenger list must be turned in to the transportation department no later than the week of the trip, as it becomes available to the requestor\*\*\***