

## BERWICK AREA SCHOOL DISTRICT APPLICATION FOR USE OF SCHOOL BUSES

Building: \_\_\_\_\_ Date: \_\_\_\_\_

Person(s) Making Application: \_\_\_\_\_

Name of Organization/Group: \_\_\_\_\_

Destination: \_\_\_\_\_

Date(s) Desired: \_\_\_\_\_ Trip Type: \_\_\_\_\_

# of Buses: \_\_\_\_\_

# of Students: \_\_\_\_\_

# of Faculty: \_\_\_\_\_

# of Staff: \_\_\_\_\_

TOTAL: \_\_\_\_\_

CONTRACTOR INFORMATION	
Company: _____	
Quote Received: <input type="checkbox"/>	Total Cost: \$ _____
PO#: _____	

**Pre-Trip Location of Departure:**

Address: \_\_\_\_\_

CSZ: \_\_\_\_\_

**Post Trip Location of Departure:**

Address: \_\_\_\_\_

CSZ: \_\_\_\_\_

Location of Pick Up <small>(gym, main entrance, etc...)</small>	
Time of Departure	
Drop Off Location <small>(gym, main entrance, etc...)</small>	
Time of Arrival	

Location of Pick Up <small>(gym, main entrance, etc...)</small>	
Time of Departure	
Drop Off Location <small>(gym, main entrance, etc...)</small>	
Time of Arrival	

Funding Source: \_\_\_\_\_

Account Code: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Administrator Signature:  
\_\_\_\_\_

Transportation Coordinator Signature:  
\_\_\_\_\_

Date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

***Please attach price quotes and any additional comments or documentation to this form. Trips will be finalized upon receipt of a PO.***