

SCHOOL DISTRICT NO. 22 (VERNON)
APPLICATION TO USE SCHOOL BUSES
FOR OTHER THAN DAILY TRANSPORTATION

TD1

COMPLETE FORM

TRIP #

Must have an Account Code before submitting. Once Complete use the Submit button on the top left hand corner. It will be directly emailed to activitytrips@sd22.bc.ca

A trip number will be assigned as confirmation of booking and Emailed back to Secretary In Charge

1. Trip Date: _____ # of students: _____ Grade: _____ # of Adults: _____
2. FROM: _____ AT: _____
(Specify location and proper address) (Departure Time)
3. TO: _____ RETURN: _____
(Specify location and proper address) (Departure Time)
4. Additional Details: _____
5. Special Request: Compartments Wheelchair: Harness: 5 pt In-Seat
6. Account Code: _____ School: _____
7. Teacher/s: _____ Contact Name & Cell Ph#: _____
(While on trip for driver)
8. School Department: _____ Purpose of Trip: _____

DATE OF APPLICATION

APPROVED BY:

Itinerary if overnight or multiple drop off locations. Include pickup and return times and locations.

RECEIVED:

EMAILED DATE :

EMAILED TO: