



SCHOOL DISTRICT NO. 22 (VERNON)
APPLICATION TO USE SCHOOL BUSES
FOR OTHER THAN DAILY TRANSPORTATION TD1 FORM

Must have an Account Code and Approval before Submitting
Please email completed TD1(b) forms to activitytrips@sd22.bc.ca

*A trip number will be assigned as confirmation of booking and will be emailed back to the Secretary in charge.

	No. of Students:		FOR OFFICE USE ONLY	*TRIP Number
Trip Date:		No. of Adults:	Grade(s):	
From:			At:	
(Specify Location and Correct Address)			(Departure Time) AM/PM	
To:			Return:	
(Specify Location and Correct Address)			(Departure Time) AM/PM	
Additional Details:				
Special Request(s):	Compartments ☐ Wheelchair ☐ Harness: 5pt ☐ In-Seat ☐			
GL Account Code		School:		
Teacher(s):				
Contact Name(s):		Cell No.:		
(while on trip for driver)		(while on trip for driver)		
School Department:		Purpose of trip:		

Itinerary: If overnight or multiple drop off locations. Include pickup and return times and locations below:

Date of Application

Approved by:

Date _____

By (Sign) _____

FOR OFFICE USE ONLY					
DATE RECEIVED:		DATE EMAILED:		EMAILED TO:	