TD1(b) Superintendent School Bus Funding Application SCHOOL DISTRICT NO. 22 (VERNON) APPLICATION TO USE SCHOOL BUSSES & LOU 14 FUNDING

FOR OTHER THAN DAILY TRANSPORTATION

TD1(b)

COMPLETE FORM. 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

TRIP #

Comparture Time Comparture	Trip I	Oate:			# of students:	_ Grade:	# of Adults:
Teacher/s: Contact Name & Cell Ph#: (While on trip for driver) School Department: Purpose of Trip: (While on trip for driver) ATE OF APPLICATION APPROVED BY: Superintendent Approval: Date: (Departure Time)	. FROM	ſ:				AT:	
(Specify location and proper address) Additional Details: Special Request: Compartments Wheelchair: Harness: 5 pt In-Seat Account Code: School: Teacher/s: Contact Name & Cell Ph#: (While on trip for driver) School Department: Purpose of Trip: ATE OF APPLICATION APPROVED BY: OFFICE USE: Grip Estimate Provided by Transportation: Date: Superintendent Approval: Date: Date: Superintendent Approval: Date: Superintendent Approval: Date: Superintendent Approval: Date: Superintendent Approval: Superintendent Approval: Superintendent Approval: Superintendent Approval: Date: Superintendent Approval: Superintendent Ap		(S _I	pecify location and	proper address)			(Departure Time)
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