



Request for Charter Bus
Co-Curricular & Extra-Curricular Transportation of Students

School Name or Group requesting Charter Bus: _____

Date(s) Charter Bus required: _____

Supervisor in Charge: _____ Phone: _____

Departure Location: _____ Driver Report Time: _____

Departure Time: _____ Destination: _____

Return Departure Location: _____ Driver Report Time: _____

Return Departure Time: _____ Destination: _____

Number of Passengers: _____ Number of Supervisors: _____

Specific Driver/Bus Request: No or Name: _____ Unit No: _____

Is the bus and driver required to stay at Destination? No Yes

Note: If the trip is overnight or has multiple destinations, an itinerary must be attached to this form.

List any Cargo to be transported (i.e. luggage, sports equipment or band instruments): _____

Request authorized by: _____
Name Signature Date

Invoice to: _____ or GL # _____

Once ALL above fields have been completed email to: transportation@gypsd.ca