



Request for Charter Bus 2025-2026

Co-Curricular & Extra-Curricular Transportation of Students

School Name or Group requesting Charter Bus: _____

Date(s) Charter Bus required: _____

Supervisor in Charge: _____ Supervisor Phone: _____

Departure Location: _____ Driver Report Time: _____

Departure Destination: _____ **Departure Time:** _____

Return Departure Location: _____ Driver Report Time: _____

Return Destination: _____ **Departure Time:** _____

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

Is the trip overnight? ☐ No ☐ Yes

Does the trip have multiple trips or locations? ☐ No ☐ Yes

Is the trip one-way? ☐ No ☐ Yes

Are you willing to share the Bus/Charter? (GYAC, etc) ☐ No ☐ Yes

Are there scheduled events? (Tours/Games, etc) ☐ No ☐ Yes

Note: If the trip is overnight, has multiple destinations, or scheduled events an itinerary must be attached to this form. Incomplete requests will NOT be confirmed until all fields have been provided.

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