

**Rockingham County Schools**  
**Charter Bus, Activity Bus, and Yellow Bus Request Form**

Important Notice: The Rockingham County School System does not provide insurance coverage for private vehicles used for field trips. Individuals must have adequate personal liability insurance coverage when using private vehicles. Activity Bus – out of state overnight and Charter Buses: See Charter Bus Memo in the Principal's Transportation Handbook for specific instructions. The list for approved carriers is located on the Rockingham County Schools website and can be found under Services, Transportation.

**Please complete the following information:**

Number of Buses Needed for Trip: \_\_\_\_\_

Yellow Bus #(s) {if applicable}: \_\_\_\_\_

(Cannot be used unless prior approval by Dr. Cindy Corcoran)

Charter Carrier {if applicable}: \_\_\_\_\_

(Must be on approved list by the Transportation Department and all signatures must be obtained)

Mode of Transportation  
Choose One:

- Yellow Bus
- Charter Bus
- Activity Bus

Requested by: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

School/Department: \_\_\_\_\_ Bill Trip to: \_\_\_\_\_

Persons who will supervise trip: \_\_\_\_\_

Purpose/Educational Objective (Must be aligned with the standard course of study): \_\_\_\_\_

Trip Date(s): \_\_\_\_\_ # of Students: \_\_\_\_\_ Grade(s): \_\_\_\_\_ # of Adults: \_\_\_\_\_

(1 adult to 10 students required)

Bus Pick Up Date: \_\_\_\_\_ Time: \_\_\_\_\_

Bus Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Student Pick-Up Date: \_\_\_\_\_ Time: \_\_\_\_\_

Student Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Destination (Indicate the name of place and city): \_\_\_\_\_

Transportation Department Use Only:

**Bus Pick-Up:** \_\_\_\_\_

**Bus #:** \_\_\_\_\_

**Bus Return:** \_\_\_\_\_

Contact at Destination: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_

Special Instructions for Transportation Department: \_\_\_\_\_

The School Nurse must be notified of the trip (Date of Notification): \_\_\_\_\_

Child Nutrition must be notified of the trip (Date of Notification): \_\_\_\_\_

1<sup>st</sup> Principal/AD's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Program Director's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

3<sup>rd</sup> Assistant Superintendent Approval: \_\_\_\_\_ Date: \_\_\_\_\_

4<sup>th</sup> Superintendent's/BOA Approval: \_\_\_\_\_ Date: \_\_\_\_\_

(for overnight and out-of-state)

Final Approval Transportation Department: \_\_\_\_\_ Date: \_\_\_\_\_

**Retain a copy for your records.**

**Revised 11/1/2019**