

WAYNE LOCAL SCHOOLS

BUS REQUEST

(Submit one (1) copy at least seven (7) days in advance of the trip)

PART I

Date of Trip _____ No. of Pupils _____

No. of Buses Needed _____ No. of Chaperons _____

School _____ Teacher in Charge _____

Group to be Transported _____

Destination of Trip _____ Approx. No. of Miles _____ (Round Trip)

Time of Departure _____ Approx. Time of Return _____

Department _____ Principal _____

Date Submitted _____ Transp Cost _____ Account _____

Part II

DISPOSITION OF THE ABOVE REQUEST

NOTICE Sweep bus after every trip

To the Superintendent:

Request is: _____ Approved _____ Denied

Signature of Superintendent: _____

TO BE FILLED IN BY BUS DRIVER: Bus Number: _____

Speedometer Reading on Return: _____

Speedometer Reading on Leaving: _____

Total Miles: _____

Time Trip Left _____ Time Trip Returned _____

Total Hours _____

Remarks _____

Signature: _____

Driver

Emergency Numbers

Central Office 513-897-6971
Transportation Office 513-897-8511
Supt. Cell 513-276-1548
Athletic Dept. 937-776-6201
Highway Patrol 513-932-4444

Mechanic 937-776-9394
Waynesville Elem 513-897-2761
Waynesville Middle 513-897-4706
Waynesville High 513-897-2776
Emergency 911