

San Ysidro High School

Date Submitted: _____ Event: _____

Certified Bus Rider: _____

Phone Number: _____

Customer _____

Contact: _____ Destination: _____

Fund: _____

Customer Special Instructions:

Destination Special Instructions:

Trip Comments:

Approval of Principal

Date

For ASB Use Only
Request # _____
Trip # _____
ACTUAL Times To & From Event
Departure Time: _____
Pickup Time: _____

<u>DATES and TIMES</u>
Date of Event: _____
Actual Starting Time: _____
<i>DESIRED Leaving Time to & From Event</i>
Departure Time: _____
Pickup Time from Event: _____

of Passengers/Purpose
Buses: _____ Students: _____
Wheel Chair: _____ Event: _____

CHECK one of the following:	
<input type="checkbox"/> Educational Field Trip	<input type="checkbox"/> Music
<input type="checkbox"/> Athletics	<input type="checkbox"/> A.S.B.