



ACCESSIBILITY:

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PART A: Completed by Trip Coordinator

Name of Trip Coordinator: _____

School: _____ Date(s) of Trip: _____

Destination (city and site): _____

Pick-up Time from School: _____ Pick-up Time from Venue: _____

Duration of Trip/Event: All day AM only PM Only Expected Time of Return: _____

Details, e.g. class trip (specify classes); group i.e. basketball team (attach list of students in group):

Grade: _____ Number of Students: _____ Number of Supervisors: _____

Contact (name and telephone number at destination): _____

Special Requirements (e.g. wheelchair)

PART B: Completed by School Principal/Superintendent

Signature of Principal Date

Signature of Superintendent (where required) Date

PART C: Completed by Principal/Designate/Administrative Assistant

Note: This section is to be completed when ordering the bus.

Date Booked: _____ Trip Confirmation #: _____

Bus Company: _____

Number of Buses: _____ Size of Buses: _____

Price: _____ GST: _____ Total Cost: _____

School Budget Number: _____

Completed by: Part A: Trip Coordinator; Part B: Principal/Supt.; Part C: Principal/Designate/Admin. Assistant

Distribution: Trip Coordinator → Principal → Supt. (if applicable) → Admin. Assistant

Retention: Main Office Financial Records (Current +6 Years)