

**BUS REQUEST FORM**

To: Griswold Transport, Inc.  
36 Old Bethel Road  
Griswold, CT 06351

Phone: 376-2860  
Fax: 376-1581

Manager: Sheila Beckwith

From: \_\_\_\_\_  
(Teacher/Teachers)

Date of this request: \_\_\_\_\_

Date and day of the field trip: \_\_\_\_\_

School: (check one)

\_\_\_ Griswold Elementary School

\_\_\_ Griswold Middle School

\_\_\_ Griswold High School

\_\_\_ Griswold Alternative School

Destination: (include all stops)

\_\_\_\_\_  
\_\_\_\_\_

Number of buses needed: \_\_\_\_\_

Name & Phone number of staff member in charge: \_\_\_\_\_

Number & grade of students: \_\_\_\_\_

Number of adults: \_\_\_\_\_

Pick up time at school: \_\_\_\_\_

Departure time from trip site: \_\_\_\_\_

Return time to school: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Administration Approval:** \_\_\_\_\_

**Bus Company's Response**

Bus Availability: \_\_\_ Yes \_\_\_ No

Cost per bus: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date of response: \_\_\_\_\_

Sheila Beckwith

**FORM DUE TO ADMINISTRATOR AT LEAST 14 DAYS PRIOR TO REQUESTED DATE OF TRIP.**

12/2011