## Summit Academy Bus Reservation Request 2020-2021

Call 734/941-1750 to confirm bus availability or email to *mgriffi@summitacademy.com*. Fax form to 734/955-2756, email or inter-office a hard copy to my office. Once the reservation is received and booked, you will receive a billing/booking number via Summit email. Thank you in advance.

Staff Member:			Today's Date:		
Building: (Circle one please)	North Elem.	MS	HS	Room:	
To be paid for by: Students Dept.		Dept. Fu	unds Summit Academy C.O		
Bill to be sent to:					
Bus Arrival at Sch	ool:	Г	Special Inst	ructions for Teachers/Chape	rones
Arrival at location:			<ol> <li>Please assist the driver with unacceptable student behaviors (i.e screaming, moving seat to seat with bus in motion, jumping on or over seats.)</li> <li>This is best helped if chaperones will strategically sit in the very front seat of the bus and another in the very rear of the bus.</li> <li>If you have multiple busses, then those chaperones or parents who might be driving their own cars MUST follow the LAST bus only.</li> </ol>		
Departure from location:					
Arrival back at school:					
(Please fill in tin	nes to the best of your kno	wledge)	class a	to limit the eating and drinking by s busses left dirty may be billed a c	
Date of Field Trip: _			charge		
	eeded:	a	t 3 per seat or 5	ies 77 small passengers (first/second 1 larger passengers at 2 per seat	graders)
Field Trip to where:					
Address:			City	Phone	
	ach a map for direction for the driver and \$2.00		*** Buildin	g administrator must sign thi	s bus form ***
	oval:			Date:	
	w this line. It is for transpo			inity Triumph Other:	
Order#:		Driver::		Bus #	
Start Mileage:	rt Mileage: End Mileag		e: Total Miles:		
Bus On Site Time:	ıs On Site Time: Depart Time:		Return Time:		
Total Time:	Staff Signat	ure:			