

Westlake High School
BUS REQUEST

Teacher's Name _____ Teacher's Cell Number _____

Participating Group _____

Destination _____ Number of Passengers _____

Departure Date _____ Return Date _____

Departure Time _____ AM PM Return Time to WHS _____ AM PM

Pick-Up Location _____ (Will default to "Main Front Lot" if you don't specify)

Educational Trip

Activity Trip

Will Students Be Charged Yes No

Shuttle Run Yes No

Estimated Cost of Bus Trip _____ (Mile 1 – 11=\$50/Mile 12 & up=\$4.00/Mile)
(Map Must Be Attached)

Account to be Charged _____ (i.e., Debate, Choir, Football)

****Two Weeks notice needed to schedule a bus. Please plan ahead!!!****

For Office Use Only

Date Scheduled _____ Bus Request # _____ Actual Cost of Bus \$ _____