

MINERAL POINT UNIFIED SCHOOL DISTRICT BUS REQUEST FORM

Date of Proposed Trip: _____ Number of Busses: _____

Leave: _____ at _____ Return: _____ at _____
 School (Elem/MS/HS) Time School (Elem/MS/HS) Time

Class/Grade/Group: _____ Total Number of Riders: _____

Destination: _____
 Address/School

Educational Purpose of Trip or Activity: _____

TRIP INFORMATION

Figure the bus will get 8 miles per gallon and the gallon of diesel fuel cost should be figured at \$4.00 per gallon.

	ESTIMATE COST	ACTUAL COST
# of miles _____		
Total # of miles divided by 8 x \$4.00	\$ _____	\$ _____
(Mileage starts/ends at First Student location)		
# of miles _____ x \$1.39	\$ _____	\$ _____
(Mileage starts/ends at First Student location)		
# of hours _____ x \$23.96/hour	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Minimum Bus Charge: \$30.10

Source of Funding: _____

Application Date: _____ Teacher/Coach Signature: _____

Date Approved by Principal: _____ Principal Signature: _____

**WE WOULD APPRECIATE BUS REQUESTS BE MADE A MINIMUM OF ONE WEEK
PRIOR TO THE TRIP**