SCHOOL DISTRICT NO. 22 (VERNON)
APPLICATION TO USE SCHOOL BUSSES
FOR OTHER THAN DAILY TRANSPORTATION **TD1 FORM**

Must have an Account Code and Approval before Submitting
Please email completed TD1 forms to activitytrips@sd22.bc.ca
*A trip number will be assigned as confirmation of booking and will be emailed back to the Secretary in charge.

		No. of Students:		**FOR OFFICE USE ONLY**	***TRIP Number**
Trip Date:		**No. of Adults:**		**Grade(s):**	
From:				**At:**	
(Specify Location and Correct Address)					**(Departure Time) AM/PM**
To:				**Return:**	
(Specify Location and Correct Address)					**(Departure Time) AM/PM**
Additional Details:					
Special Request(s):	**Compartments** ☐ **Wheelchair** ☐ **Harness: 5pt** ☐ **In-Seat** ☐				
GL Account Code			**School:**		
Teacher(s):					
Contact Name(s):		**Cell No.:**			
(while on trip for driver)		**(while on trip for driver)**			
School Department:		**Purpose of trip:**			

Itinerary: If overnight or multiple drop off locations. Include pickup and return times and locations below:

Date of Application

Date_____

Approved by:

By (Sign)_____

FOR OFFICE USE ONLY					
DATE RECEIVED:		DATE EMAILED:		EMAILED TO:	