

**GREAT FALLS PUBLIC SCHOOLS  
( OVER-THE-ROAD MOTOR COACHES ONLY CHARTER TRANSPORTATION REQUEST )  
 FORM 2017-2018 SCHOOL YEAR**

**(CONTRACTOR OF CHOICE MUST BE MARKED)**

**PLEASE: CALL AND CONFIRM WITH YOUR SELECTED CONTRACTOR AT LEAST TWO (2) DAYS PRIOR TO YOUR TRIP!!!!!!!!!!**

**OVER - THE - ROAD - COACH**



**HALL TRANSIT**  
 (452-0082)  41-1 pass  49-1 pass  
 47-3 pass  56-2 pass



**BIG SKY BUS LINES**  
 (454-1283)  47-2 pass  56-4 pass  
 55-1 pass  54-1 pass

**ATHLETIC CHARTERS – MUST GO THROUGH “GARY DEGOOYER”  
 MUSIC/ART CHARTERS – MUST GO THROUGH “DUSTY MOLYNEAUX”**

**YELLOW SCHOOL BUSES WILL BE USED FOR ALL CHARTERS UNDER 125 MILES. YOU MUST USE THE  
 SCHOOL BUS CHARTER FORM**

**PLEASE: CALL AND CONFIRM WITH YOUR SELECTED CONTRACTOR AT LEAST TWO (2) DAYS PRIOR TO YOUR TRIP!!!!!!!!!!**

**(IMPORTANT: PROVIDE ALL APPLICABLE INFORMATION BELOW AS REQUESTED!)**

<b>TODAY'S DATE:</b>		
<b>DEPARTMENT/ACTIVITY MAKING REQUEST:</b>		
<b>SCHOOL ADDRESS:</b>		
<b>STAFF/FACULTY MAKING REQUEST:</b>	<b>PHONE/CELL TO BE REACHED:</b>	
<b>DATE OF CHARTER:</b>	<b>NUMBER OF REQUESTED BUSES:</b>	
<b>DEPARTURE TIME:</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>DEPARTURE LOCATION/ADDRESS:</b>		
<b>GOING WHERE:</b>	<b>DOES BUS STAY WITH GROUP:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>DATE RETURNING:</b>		
<b>RETURN TIME:</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>ARRIVAL TIME BACK AT SCHOOL:</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>“TOTAL NUMBER OF PASSENGERS”:</b>		
<b>SPECIAL EQUIPMENT NEEDED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>DESCRIBE WHAT IS NEEDED:</b>		
<b>IF APPLICABLE DESCRIBE CURRICULUM PLANNING FOR TRIP:</b>		
<b>(TO BE COMPLETED ONLY BY THE TRANSPORTATION OFFICE)</b>		
<b>DATE RECEIVED BY TRANSPORTATION:</b>	<b>DATE FORWARDED TO CONTRACTOR:</b>	<b>DATE SENT TO SCHOOL:</b>
<b>CONTRACTOR:</b>	<b>CONTRACTOR PHONE NUMBER:</b>	<b>CHARTER NUMBER:</b>
<b><u>(MUST BE FILLED IN)</u></b>		
<b>CHARGE CODE/WHO IS PAYING FOR CHARTER:</b>		
<b>APPROVED BY:</b>	<b>(MUST BE SIGNED)</b>	

Great Falls Public Schools OVER-THE-ROAD MOTOR COACH Charter Request Form Supplement

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Group: \_\_\_\_\_

<i>Date/Time Leaving</i> _____ _____	<i>Departing Location</i>	<i>Destination</i>	<i>Date/Time Returning</i> _____ _____	<i>Arrival Time Back</i>	<i>No. of Passengers</i>	<i>Contractor Charter No.</i>
<i>Date/Time</i> _____ _____			<i>Date/Time</i> _____ _____			
<i>Date/Time</i> _____ _____			<i>Date/Time</i> _____ _____			
<i>Date/Time</i> _____ _____			<i>Date/Time</i> _____ _____			
<i>Date/Time</i> _____ _____			<i>Date/Time</i> _____ _____			
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<i>Date/Time</i> _____ _____			<i>Date/Time</i> _____ _____			