

**GREAT FALLS PUBLIC SCHOOLS  
SCHOOL BUS ONLY CHARTER TRANSPORTATION REQUEST FORM  
2017-2018 SCHOOL YEAR**



SCHOOL BUSES CHARTERS

**ONLY BIG SKY BUS LINES FOR SCHOOL BUS CHARTERS (454-1283)**

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

**OUT OF TOWN**  
**YELLOW SCHOOL BUSES WILL BE USED FOR ALL CHARTERS UNDER 125 MILES**

**IN TOWN**  
**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 (School Bus ONLY) Charter Request Form Supplement**

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

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

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

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