

Woodridge Local School District

SCHOOL BUS TRAVEL CERTIFICATE

Destination: _____

Group Transported: _____ Building: _____
(Grade and/or Activity)

Teacher in Charge: _____

Date of Trip: _____ Departure Time: _____ From: WHS WMS WES

Return Time: _____ From: WHS WMS WES
(Please enter the time you would like the students to physically be back in the building.)

of Students _____ # of Adults _____
(Please be sure these numbers are accurate, as they determine the size of the bus.)

Are there students with disabilities who need a special bus: YES NO

Designated Approved Meal Stop: YES NO

Emergency Medical Forms? YES NO

This is to certify that the approved Field Trip is in conformity with the rules and regulations as established by the Ohio Department of Education.

Transportation Supervisor Date

Driver Name: _____ Bus ID #: _____

Departure Time _____ am/pm Return Time _____ am/pm Total Hours _____

Ending Mileage: _____

Beginning Mileage: _____

Total Mileage: _____

Bus Driver Signature: _____ Date: _____

Additional Information:

Purpose of Trip: Educational Athletic

8/25/10
10/16/12
8/15/18