Summit Academy Bus Reservation Request 2024-2025

Call 734/941-1750 to confirm bus availability or email to *mgriffi@summit-academy.com*. Scan the original form to email or inter-office a hard copy to my office. Once the reservation is received and booked, you will receive a billing/booking number via Summit email. Thank you.

Staff Member:		Today's Date:		
Building: ELC North Elem. (Circle one please)	MS	HS	Room/Dept:	
To be paid for by: Students	Dept. Funds	Sun	nmit Academy C.O	
Bill to be sent to:				
Bus Arrival at School:			s for Teachers/Chaperones	
Arrival at location:	1. Ple	Please assist the driver with unacceptable student behaviors (i.e. – screaming, moving seat to seat with bus in motion, jumping on or over seats.) This is best helped if chaperones will strategically sit in the very front seat of the bus and another in the very rear of the bus. If you have multiple busses, then those chaperones or parents who might be driving their own cars MUST follow the LAST bus only.		
Departure from location:	2. Thi			
Arrival back at school:	3. If yo			
(Please fill in times to the best of your knowledge	e) (class as busses	he eating and drinking by your left dirty may be billed a cleaning	
Date of Field Trip:	A typical I at 3 per se		nall passengers (first/second graders) assengers at 2 per seat	
Field Trip to where:				
Address:	, City		Phone	
Please pick up my students in the at which Special Instructions:				
 PLEASE attach a map for directions for t First 3 hours is \$100, then up to 6 hours is \$ 	` '		istrator must sign this bus form ** 60 miles are free, then \$2.00/mile thereafte	
Administrator Approval:			Date:	
			Other:	
Order#: Dri	iver::		Bus #	
Start Mileage:	End Mileage:		Total Miles:	
Bus Stage Time: Depart Time:	Return ·	Гіте:	Total Time:	
Staff Signature:			Please attach a map!!	