	_				
	_				
	_				
	_				
1. What educational objectives does this trip meet for your students?					
nit you are c	currently teaching in the classroom?				
3.What instructional follow-up activities will the students do upon returning from the trip?					
e regular cla	ssroom instruction on this topic or lesson?				
st be boar	d Approved				
-					
DATE:	Principal				
<u>-</u>					
_					
-					
	nit you are de students de regular cla				

UNION COUNTY / COLLEGE CORNER JOINT SCHOOL DISTRICT

107 Layman Street, Liberty, IN 47353

Phone 765-458-7471

TRIP TICKET

WHO? (Grade, Group, organization)				
		Destination		
SPONSOR or SPON	SORS:			
TO:	City/State			-
FROM:				-
	City/State			
Pick-Up Location:				
DATE OF DEPART	URE:		DATE OF	RETURN:
TIME OF DEPARTU	JRE:		TIME OF	RETURN:
BEGINNING MILEA	AGE:		ENDING N	MILEAGE:
	HOURS:			MILES:
Bus/Buses:				
Driver/Drivers:				
This certifies that the Union County/Colleg	e Corner Join	School Distr	ict and is conducting	g this transportation.
This transportation is and at the direction of			1	,
APPROVED BY:				John Edge
Transportation Director			Superintendent	
DATE:				

UNION CO./COLLEGE CORNER JOINT JOINT SCHOOL DISTRICT

SCHOOL BUS CHECK LIST

CHECK LIST:	
 Pre-Trip Inspection Check condition of body for any damage. Check condition of all tires. Check condition of inside of, mini-bus, i.e. a. Dirty floor, Seat damage b. Missing interior parts, i.e. Light lens, etc. 	
DRIVER RESPONSIBILTY:	
 Cleanliness and condition of the inside of the bus. Exterior condition of the bus. No smoking or use of any tobacco products while No food or drink shall be consumed within the u All clothing, equipment, and trash to be removed 	te using vehicle. Init. d from vehicle upon return from use. the school district shall be allowed to drive without permission. the bus. in denial of further use of the bus.
	DRIVER

Remember Mini Bus Height Clearance is 10'4"