

Bus Transportation Request – Educational Trips



Box 700, Rosetown, Sask., S0L 2V0
 Phone: (306) 882-2677 Fax: (306) 882-3366
 Toll Free: 1(866) 375-2677, www.sunwestsd.ca

Reference	AP 551 Special Use of School Buses
Revised	March 26, 2026
Level	Division
Submit to	transportation@sunwestsd.ca
When	MINIMUM one week prior to the trip

Complete top section and email to transportation@sunwestsd.ca at least one week prior to the trip. Give this form to the bus driver **prior to departure**. The driver is to return it to the school upon returning from the trip.

School Name		Grade(s)	
Bus Driver Name		Driver Cell #	
Teacher/Coach Name		Teacher Cell #	
Destination		# of Passengers (maximum 46)	

		Estimated	Actual
Departure Date			
Return Date			

Calculation of Kilometers (to be completed by the bus driver)		Division Office Use Only Account #1214-175-522
Odometer Reading upon return to departure point		
Odometer Reading at departure point		
Total KILOMETERS TRAVELLED		

Calculation of Down Time (to be completed by the bus driver)		Division Office Use Only Account #1214-175-522
A. Time of arrival at destination with students unloaded		
B. Time of departure from destination		
DOWN TIME + (B-A) (maximum 8 hours)		

Calculation of Wage Payment for Bus Driver	Division Office Use Only	Division Office Use Only Account #1214-175-522
In-town # of round trips: ____		
Basic Allowance		
Travel Allowance: _____ km		
Down Time: _____ hrs. (maximum 8 hours)		
Other (receipts required)		
Total Wage		

Bus Driver's Signature

Date

Principal's Signature

Date