

LUMBERTON PUBLIC SCHOOL DISTRICT
107 TENTH AVENUE
P.O. Box 551
LUMBERTON, MISSISSIPPI 39455

Request to Use School Bus for Activity Trip

Purpose of Trip _____

Name of Driver _____ **Number of Bus** _____

Date of Departure _____ **Time of Departure** _____

Route to be Followed _____

Destination _____

Date of Return _____ **Time of Return** _____

Number of Pupils Transported _____

Name of Faculty Supervisor _____

Principal's Signature _____

School _____ **Date** _____