

**Leesville High School  
Bus Reservation Request**

Date for Bus: \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_

Date and Time of Return: \_\_\_\_\_

Activity/Club: \_\_\_\_\_

Number of Students: \_\_\_\_\_

Destination: \_\_\_\_\_

Driver: \_\_\_\_\_

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Bus Return

Bus Assigned: \_\_\_\_\_

Mileage      1. Before: \_\_\_\_\_

                 2. After: \_\_\_\_\_

Gas Charged To: \_\_\_\_\_

Date: \_\_\_\_\_

Post Trip Inspection: \_\_\_\_\_

Bus Maintenance, Repair Request (List any defects or malfunctions)

\_\_\_\_\_

\_\_\_\_\_

\* A copy of this form must be returned to Mr. Sowell's when the key is returned.