

TRANSPORTATION REQUEST

Vehicle Number:

INSTRUCTIONS

1. Requests must be submitted prior to each trip and sent to the Transportation Department.
2. A separate request form must be filled out for each trip.
3. Send or email a copy to Transportation Department – Superintendent’s Office.
4. A copy will be returned to you by Transportation following approval.

THIS SECTION TO BE COMPLETED BY TEACHER/STAFF/PRINCIPAL

DATE OF TRIP: _____ SCHOOL: _____ DESTINATION: _____

DEPARTURE TIME FROM SCHOOL: _____ RETURN TIME TO SCHOOL: _____ GROUP: _____

NUMBER OF RIDERS: _____ PERSON IN CHARGE: _____ DATE SUBMITTED: _____ CHARGE TO: _____

COMMENTS: (INCLUDE ALL DIRECTIONS OR SPECIAL INSTRUCTIONS) _____

APPROVED BY: _____ TITLE: _____ DATE APPROVED: _____

THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT

DATE RECEIVED: _____ DATE ACKNOWLEDGED: _____ VEHICLE: VAN No. _____ MINI-BUS BUS

COMMENTS: _____

APPROVED BY: _____ TITLE: _____ DATE APPROVED: _____