



TRANSPORTATION REQUEST

INSTRUCTIONS

1. Requests must be submitted to the Transportation Department **2 weeks prior** to each trip.
2. A separate request form must be filled out for each trip.
3. Send all copies to the Transportation Department.
4. A Copy will be returned to the school following approval.

THIS SECTION TO BE COMPLETED BY TEACHER/PRINCIPAL

DATE OF TRIP:	SCHOOL:	DESTINATION:	
DEPARTURE TIME FROM SCHOOL:	RETURN TIME TO SCHOOL:	GROUP:	
NUMBER OF RIDERS: (Including Teachers)	TEACHER IN CHARGE: (Full Name/Cell Phone)	DATE SUBMITTED:	CHARGE TO:

COMMENTS: *INCLUDE SCHOOL PICKUP LOCATION, ALL DIRECTIONS, AND SPECIAL INSTRUCTIONS *****

APPROVED BY (SCHOOL PRINCIPAL/ATHLETIC DIRECTOR):	TITLE:	DATE APPROVED:
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THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT

DATE RECEIVED	VEHICLE: <input type="checkbox"/> Van <input type="checkbox"/> 10-passenger <input type="checkbox"/> 15-passenger <input type="checkbox"/> bus <input type="checkbox"/> 66-passenger <input type="checkbox"/> 84-passenger	
COMMENTS:		
APPROVED BY TRANSPORTATION DEPT:	TITLE:	DATE APPROVED: