

School _____

Please send final requests to: TRANSPORTATION REQUESTS

Transportation Request

All trip requests need to be received by the Transportation Department 14 days prior to trip date.

***** All information needs to be filled out *****

Person Requesting Transportation _____ Contact number _____

Trip Date _____ Pick-up location _____

Pick-up Time _____ Arrive back at school time _____ Grade/other _____

Number of students _____ Number of wheel chairs _____ Number of Adults/Teachers _____

Destination(s): _____ Address: _____

Type of trip _____ Specify kind _____

Accounts Receivable

Bill to / Sponsored by _____ Authorization / contact information attached

Principal Use Only

Principal's approval _____ Granted _____ Denied _____ Date approved _____ *Principal's Signature*

Trips over 20 miles one-way require
Deputy Supt. approval

_____ Granted _____ Denied _____ Date approved _____ *Deputy Supt. Signature*

Bus Garage Use Only

Driver _____

Bus Number _____

Driver's signature _____

Clock in time _____

Return pickup time _____

Passenger count _____

TRIP Information

Drop & pickup

Stay

TIME

START trip time _____

End trip time _____

Total trip hours _____

MILEAGE

Ending trip miles _____

STARTING Trip miles: _____

Total trip miles _____

ACTIVITY Information

Drop & pickup

Stay

START Activity Time _____

End activity time _____

Total activity hours _____

End Activity miles _____

START Activity miles: _____

Total activity miles _____

Dispatcher Confirmation _____

Reply to sender

Reply Food Service

Dispatcher's notes _____