



TRANSPORTATION/VEHICLE REQUEST FORM

Request and Routing Instructions:

- 1.) Form must be completed a minimum of **TWO WEEKS** prior to the requested date of vehicle use
- 2.) Completed form must **FIRST** be submitted and **APPROVED** by the **PRINCIPAL/DESIGNEE**
- 3.) **Principal/Designee approved form must be submitted to Transportation for processing** * Please submit by **ONLY ONE** of these methods: email or inter-school mail
- 4.) Group/person will receive information regarding trip approval within several days of request

Trip Information:

Form Completion Date: _____ / _____ / _____ Requested Date of Trip
(Additional dates on line below): _____ / _____ / _____
Month Day Year Day of the Week Month Day Year

Additional Dates: _____

Building Requesting Trip: EES LES MS HS CO

Type of Transportation:

Multiple date trips – If you select *Special Transportation* and/or *Lift Bus*, you MUST specify the date they are needed

School Bus Excursion/Van Lift Bus Other (Explain on reverse)
 Spec. Trans. Aide Required Date: _____

Number of Student Riders: _____ Grade Level(s): _____ Number of Adult Riders: _____

School Departure Time: _____ am pm Destination Departure Time: _____ am pm

Destination: _____ Reason: _____

Billable Trip? Yes No If yes, name of organization: _____

If yes, authorizing signature from billing organization is required: _____

Contact Information:

Group/Organization Requesting Transit: _____

Contact Person: _____

Phone Number(s): _____
School Extension Cell/Home

OFFICE USE ONLY:

Principal/Designee Signature: _____ Date: ____/____/____ Approved Denied

Transportation Approval: _____ Date: ____/____/____ Approved Denied