

Transportation Request

Field Trip or Athletic Event

School: _____ Grade: _____

Program: _____

Teacher/Coach: _____ Contact Number: _____

Number of Students: _____ Number of Adults: _____

Destination: _____

Address: _____

Date(s) of Trip: _____

Departure Time: _____ a.m. p.m. Return Time: _____ a.m. p.m.

Special Accommodations (Ex: Wheelchair, Sports Equipment, Pick up in front, back, etc.):

****This is only a trip "Request" and the approval of the Assistant Superintendent is required before it is assigned to a driver. All trips should be submitted at least two weeks prior to the date of the trip.

Transportation Department only

Assigned Driver: _____

Date Request Received: _____