

REQUEST FOR USE OF SCHOOL BUS/VAN

*This application is to be completed and filed in the office of the **Transportation Supervisor** not less than one week previous to the date on which the bus trip is scheduled.*

1. Date needed:
2. Group/Organization/Grade:
3. Number of Passengers:
4. Destination:
5. Purpose of trip:
6. Departure Time: _____ Return Time: _____
7. Place of Departure: _____ Return Location: _____
8. Chaperones:
9. Special Instructions:

Approved by: Faculty Advisor _____
Building Principal _____
Transportation Supervisor _____



For Transportation Department Use Only:

1. Your transportation request
Has been approved: _____
Has not been approved: _____
2. Your bus number is _____
3. Your bus driver(s) is _____
4. Driver(s) telephone number _____

Signature of Transportation Supervisor _____ Date _____

(Copy to Account Clerk for conferences)