

## TRANSPORTATION REQUEST

*To ensure approval, COMPLETED requests must be submitted no later than five (5) full days before date of trip.*

Date of Request: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Requesting Use of: ☐ Full Size Bus ☐ Mini Bus ☐ Activity Bus

Group to be Transported: \_\_\_\_\_

Destination: \_\_\_\_\_  
(Please attach itinerary)

Leave Time: \_\_\_\_\_ Return Time: \_\_\_\_\_ # Passengers: \_\_\_\_\_

**GROUP RESPONSIBLE FOR PAYMENT OF TRIP:**

(Include billing address and contact phone number)

☐ **District**

☐ **Other** (info below)

**CHAPERONES** (list all): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*\*Administrator has verified that criminal history checks have cleared for all chaperones.*

\_\_\_\_\_  
**SCHOOL ADMINISTRATOR SIGNATURE \***

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**TRANSPORTATION ADMINISTRATOR SIGNATURE**

\_\_\_\_\_  
**DATE**

**Special Instructions:**