

Office use only
Trip ID # _____

Transportation Request

Sweetwater County School District No.2-Transportation Department- Phone 872-5590- Fax 872-5582- Hours 7:am-4:pm
Turn In this completed form to school secretary.

****10 day advance notice is required for transportation***

Today's Date: _____

School: _____

Trip Name: _____

Depart from: _____

Departure date: _____

Departure time _____

Return date: _____

Return time _____

Trip type: _____

Activity Type: _____

Account #: _____

Classroom standard or activity sanction (**REQUIRED**): _____

City / Exact Destination: _____

Passenger Count: Adults _____

Students _____

Wheelchairs _____

Contact name: _____

Contact phone #: _____

Type of Vehicle Needed: Bus MPV _____ (Circle one)

Motel Needed: Yes No _____ (Circle one)

(Do you need the Activities Dept. to make motel arrangements?) (List motel name, phone #, and address for bus trips)

Building Principal Approval: _____

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(Approval needed by the Transportation Supervisor for OUT OF STATE TRIPS)

Notes: _____

Please attach a roster and itinerary for the trip and send a copy to the transportation office (REQUIRED)