



TRANSPORTATION REQUEST

- Instructions:**
1. Requests should be submitted at least two (2) weeks prior to the trip.
 2. Please complete a separate request form for each trip.
 3. Please contact All Aboard School Transportation to confirm or make changes 24-48 hours in advance of the trip – Gloria Keller 830-254-0091.

DATE OF TRIP: _____ CAMPUS: _____ SPECIFIC DESTINATION: _____

DEPARTURE TIME: _____ RETURN TIME: _____ CITY: _____

GROUP: _____ ACTIVITY: _____

TEACHER IN CHARGE: _____ CELL PHONE NUMBER: _____

NUMBER OF: STUDENTS _____ ADULTS _____ BUSES _____ WHEELCHAIR LIFT REQUIRED? YES _____ NO _____

BUS DRIVER(S) REQUIRED? YES _____ NO _____ BUS DRIVER(S) REQUESTED: _____

WHITE FLEET REQUESTED: TRUCK _____ CAR _____ VAN _____

DATE OF REQUEST: _____ SUBMITTED BY: _____

PLACE AND TIME OF LOADING: _____

COMMENTS/SPECIAL INSTRUCTIONS: _____

TRIP IS RELATED TO THE FOLLOWING PROGRAM:

- | | |
|--|--|
| <input type="checkbox"/> GENERAL INSTRUCTION | <input type="checkbox"/> CTE - CLASS/PROGRAM: _____ |
| <input type="checkbox"/> SPECIAL EDUCATION | <input type="checkbox"/> ATHLETICS |
| <input type="checkbox"/> GT | <input type="checkbox"/> UIL |
| <input type="checkbox"/> ESL | <input type="checkbox"/> STUDENT CLUB/ORGANIZATION – |
| | BUDGET CODE: _____ |

PRINCIPAL/ADMINISTRATOR SIGNATURE: _____	DATE: _____
SUBMIT TO TRANSPORTATION@POTHISD.US UPON FINAL APPROVAL	

