



Request for Extra Transportation

(To be made in duplicate)

School or Department Submitting Request _____ Date _____

Request Submitted by _____

Indicate Purpose of Trip _____

Transportation Information

1. Activity buses must be used for field trips if available.
2. Number of pupils to be transported _____ Number of teachers _____
 Number of adults _____ Number of buses needed _____
 (other than school personnel)
3. Departure
 - a. Departure point location _____
 Address _____
 Date _____ Time _____ AM _____ PM _____
 - b. Additional stops:
 Location _____
4. Destination _____
 (Name and Address)

 Time of Arrival: AM _____ PM _____ Time to Leave Destination: AM _____ PM _____
5. Route to be followed _____

6. Bus Number(s) and Driver(s) assigned this trip
 - a. Bus Number _____ Driver _____ School Employee _____ Yes _____ No
 - b. Bus Number _____ Driver _____ School Employee _____ Yes _____ No
 - c. Bus Number _____ Driver _____ School Employee _____ Yes _____ No
 - d. Bus Number _____ Driver _____ School Employee _____ Yes _____ No
7. No activity buses are available for this trip _____
 (Principal)
8. Approved: _____
 (Executive Director of Administrative Services)

cc: Director of Transportation