

Luling ISD Athletics Transportation/Events Request Application

Transportation Received Date _____

Please complete the following application and return it to your campus secretary. **Please allow two weeks for this application to be processed.** Once your event application has been reviewed and processed, the application will be returned to you via district email indicating whether or not your event was approved for addition to the district calendar. In the case of an emergency requiring an event to be held before the two week window, the matter **must** be discussed with the Principal, **before** it occurs.

PLEASE CHECK ONE OF THE FOLLOWING:

- Event that requires use of one of the district's facilities.
- Event that requires school bus transportation (applies to school related activities **only**).
 - Events requiring bus transportation **must** be submitted **three weeks** prior to the date of the event to allow for scheduling of the district school buses. If the event is a field trip, you must submit three dates for consideration.
- Event that does not require use of district's facilities or school bus transportation.

Date of Application _____ Name of Person Completing Application _____

Email _____ Phone Number _____ Campus _____

Type of Event _____ Name of Organization: _____ Grade Level of Participants _____
(Example HS Baseball/Field Trip) (Example Athletic/UIIL Academics)

If Field Trip, Purpose of Field Trip: _____ If Facilities Request, List which District Facility you are requesting: _____

Date of Event _____ 2nd Date _____ 3rd Date _____
(Field Trip Only or 2nd Day of Tourney) (Field Trip Only or 3rd Day of Tourney)

Time Event Begins _____ Departure Time Requesting _____ ***Return Time for all Field Trips is 2:15pm***

Name of Bus Driver other than Transportation Personnel _____
(This is not for Field Trips only Sporting Events)

Students _____ # Teachers _____ #Chaperones _____ **
(Example: Students 45 Teachers 4 Chaperones 4)

Bus Loading Location _____

Name of Destination _____

Event Address _____
Street City, State Zip

Lunch Destination (if different) _____

(All chaperones must have a processed Volunteer Application on file with the Business Office)

**List all Teachers/Chaperones going on the trip: _____

Principal's Signature: _____ Date: _____ Trans. Dept Approval _____