

# Request For Extra Transportation

(To be made in duplicate)

School or Department Submitting Request \_\_\_\_\_ Date \_\_\_\_\_

Request submitted by \_\_\_\_\_

Indicate purpose of trip \_\_\_\_\_

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## 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  
1. Bus Number \_\_\_\_\_ Driver \_\_\_\_\_ School Employee \_\_\_ Yes \_\_\_ No  
2. Bus Number \_\_\_\_\_ Driver \_\_\_\_\_ School Employee \_\_\_ Yes \_\_\_ No  
3. Bus Number \_\_\_\_\_ Driver \_\_\_\_\_ School Employee \_\_\_ Yes \_\_\_ No  
4. Bus Number \_\_\_\_\_ Driver \_\_\_\_\_ School Employee \_\_\_ Yes \_\_\_ No

7. No activity buses are available for this trip \_\_\_\_\_  
Principal

8. Approved: \_\_\_\_\_  
Assistant Superintendent – Administrative Services

c: Director of Transportation  
Submitting School