

TRANSPORTATION REQUEST

Must be submitted to the Central Office, by Thursday, one week prior to the Board Meeting
One trip per request with the exception of AD's who may attach a list of multiple trips.

INCOMPLETE REQUESTS WILL BE DENIED!

Group Requesting Transportation: _____

Mode of Transportation: **Please Circle** County Bus Personal Vehicle Charter Other _____

Trip Destination (City:) _____ (State:) _____

Departure Time: _____ Date: _____ Location: _____

Return Time: _____ Date: _____ Location: _____

Number of Students _____ Number of Staff _____ Number of **Board Approved** Volunteers* _____

Will there be any extra equipment or cargo and if so what? _____

Method of Financing:
Specifically: (e.g. RESA will pay for the Teacher Sub, and the County will pay for Transportation Cost) _____

Has a Professional Leave Request (if applicable) been submitted? **SEE FRONT OF FORM** ___ Yes ___ No ___ Not Applicable

Brief Narrative of Trip Request: (Athletic Directors may attach a list to include multiple trips)

***A LIST OF VOLUNTEERS AND STAFF PARTICIPATING MUST BE ATTACHED TO THIS FORM.** All volunteers must be Board approved. If you need any assistance with this, please see your building administrator. There must be a board employee, other than the bus operator, on each bus.

Signature: _____ Emergency Contact: (e.g. cell) _____ Date: _____

Direct Supervisor's Approval: _____ Date: _____

FOR COUNTY USE ONLY

Date Received: _____ Board Approval Date: _____

Copied to Transportation Director and School Nurse - Dated and Initialed by: _____