

Eastern Local Transportation Request Form

Activity/Curriculum Transportation: This form is to be submitted to the school principal and Superintendent for approval prior to submitting to the Transportation Department for transportation involving any activity/curricular programs. Please send all requests no later than one week before the date of usage.

Date of Trip: _____	Date of Request: _____
Departure Time: _____	Approximate Return Time: _____
Person Making Request: _____	Group/Activity: _____
Type of Trip: _____	Charged to: _____
Destination (include directions or special instructions): _____	

Number of Buses Needed: _____	Handicapped Accessible Required: Yes or No
Number of Students: _____	
Number of Teachers: _____	

(Please attach a list of names for all students and teachers that will be riding the bus)

Approval of Principal _____	Date: _____
Approval of Superintendent _____	Date: _____

This section to be completed by Transportation Department:

Date Received: _____	Received By: _____
Approval of Transportation Director: _____	Date: _____
Bus Driver: _____	