

SCHOOL BUS REQUEST FORM

Bus Capacity: Elementary - 84 Students Middle School - 72 Students High School - 60 Students					
					Transportation Use Only
DATE OF	REQUEST	DATE OF TRIP	Requisition	Number:	
SCHOOL/DEPARTMENT REQUESTING BUS			NAME OF PERSON REQUESTING BUS		
PHONE NUMBER/EXT			GROUP OR CLASS REQUESTING TRIP		
					PROGRAM - FUNCTION - LOCATION - OBJECT
			Account Number:		
AUTHORIZING SIGNATURE			Trips must have a valid account number or billing information before they will be scheduled.		
TRIP INFORMATION					
# OF STUDENTS	# OF ADULTS	SCHOOL OR ALTERNATE PICK-UP LOCATION	TIME TO PICK-UP AT SCHOOL	TIME TO DROP OFF AT SCHOOL	DESTINATION(S)
WILL THERE BE WHEELCHAIRS?		# OF WHEELCHAIRS		ROUP NEED AGE?	
☐ YES	□ NO		☐ YES	□ NO	
SPECIAL INSTRUCTIONS:					
FOR TRANSPORTATION DEPARTMENT USE ONLY:					
. The state of the					
\$					
DATE FORM RECEIVED		TRIP HOURS	TOTAL AMO		DUNT DUE
TRIP #		TRIP MILES			