

MANCHESTER LOCAL SCHOOLS BUS REQUEST

School Requesting Use HS MS NOLLEY Today's Date _____

Group Requesting Use _____

Purpose of Request _____

Date/Day Requested _____

No. of Students _____ No. of Buses _____

Time the Bus should be at pick-up location _____ Return Time _____

Destination _____

Address (including zip code) _____

Restaurant Stop yes no Breakfast Lunch Dinner

Place & Time of Restaurant Stop _____

Teacher _____ Coach _____ Principal _____

Request Approved Date _____

Request Denied

Director of Transportation _____

Superintendent _____