

**Brooklyn School District  
Transportation Request Form**

**Brooklyn High School**

**Contact Person** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Destination:** \_\_\_\_\_ **Pick Up Door#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Trip:** \_\_\_\_\_

**Departure Time:** \_\_\_\_\_

**Return Time:** \_\_\_\_\_

**No. of Students:** \_\_\_\_\_

**No. Adults:** \_\_\_\_\_

**Lunch-Stop? (yes/no) If yes - Where:** \_\_\_\_\_

**School Transportation: Number of Buses**

**Regular Bus** 1 2 3 4

**Orthopedic Bus** 1 2

**Students w/special needs:** \_\_\_\_\_ **Principal:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature indicates the principal has made arrangements with a school nurse to alert school employee(s) accompanying special need students

**Principal:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Trip approved

Trip not approved

**Rationale/Objectives of Trip**

\_\_\_\_\_  
\_\_\_\_\_

**Driver:** \_\_\_\_\_

**Bus #:** \_\_\_\_\_

**Time In:** \_\_\_\_\_ **Time Out:** \_\_\_\_\_ **Total Hours** \_\_\_\_\_

**Start Mileage:** \_\_\_\_\_ **End Mileage:** \_\_\_\_\_ **Total Mileage:** \_\_\_\_\_

**Transportation Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

