

**Brooklyn School District
Transportation Request Form**

Brooklyn 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:** _____

Rational/Objectives of Trip:

Driver: _____ **Bus # :** _____

Time In: _____ **Time Out:** _____ **Total Hours** _____

Start Mileage: _____ **End Mileage:** _____ **Total Mileage:** _____

Transportation Supervisor: _____ **Date:** _____

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