

**River Valley School District
Request for Transportation**

NAME		DATE OF REQUEST	
GROUP TO MAKE TRIP		DATE OF EVENT	
DESTINATION			
# OF STUDENTS			
# OF ADULTS			
DEPART FROM: (SPECIFY SCHOOL BLDG)		RETURN TO: (SPECIFY SCHOOL BLDG)	
TIME OF DEPARTURE		ARRIVAL TIME AT DESTINATION	
TIME OF DEPARTURE FROM DESTINATION		RETURN TIME	
ARE STUDENTS FROM ANY OTHER DISTRICT BUILDINGS MAKING THE SAME TRIP?			YES
			NO
SPECIAL REQUESTS (INCLUDES PRE-PLANNED ROUTE, MEAL STOPS, ADDITIONAL SPACE REQUIREMENTS, ETC.)			

PLEASE RETURN TO JEANINE BUELL, ADMINISTRATION OFFICE, AS FAR IN ADVANCE AS POSSIBLE.

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BUS CONTRACTOR: _____

NUMBER OF VEHICLES: _____ **CAPACITY:** _____

COST:

OF MILES: _____

OF HOURS: _____

COST PER BUS: _____ **TOTAL COST:** _____

DISTRIBUTION: _____ Building Administrator
 _____ Jeanine Buell and Alice Santoro

This estimate is based on the miles and hours indicated above. Any variation from those miles and hours will result in a change in the cost.