TRIGG COUNTY SCHOOLS

TRANSPORTATION REQUEST

Please forward this form to the Transportation Office **Immediately** after supervisor's approval.

THIS SECTION TO BE COMPLETED BY THE INDIVIDUAL REQUESTING TRANSPORTATION

Date of request _____ Date of Trip_____

Person requesting vehicle _____ Contact #_____

School_____ Destination_____

Loading time/place _____ Departure Time_____

Return time_____ (If school hours, buses **MUST** be back by 2:30 pm)

Group or Organization_____

Teacher/Person in charge_____ Contact #_____

Number of Students _____ Number of teachers/adults _____

SACK LUNCHES? YES NO (Please circle) **DRIVERS NEEDED?** YES NO (Please circle) **AED NEEDED?** YES NO (Please circle)

COMMENTS_____

_____

_____

FUNDING SOURCE_____

Approval by principal or immediate supervisor: _____

Any questions please call the Transportation Office at (270)522-2235.

THIS SECTION TO BE COMPLETED BY THE DIRECTOR OF TRANPORTATION

Date received: _____ Received By: _____

Bus Number(s) _____

Driver(s):_____

COMMENTS: _____

_____

Director of Transportation: _____ Date: _____