

Date submitted: \_\_\_\_\_

**Snohomish School District # 201**  
**TRANSPORTATION REQUEST**  
**360-563-3525**

**Request must be submitted to transportation three weeks prior to day trips and three months prior to overnight/out of state trips**

Vehicle requested: \_\_\_\_\_ How many buses requested: \_\_\_\_\_

Estimated # passengers: \_\_\_\_\_

- Small Bus (1-28 Kids)
- Large Bus (1-56 Secondary) (1-81 Elementary) *Note: one adult equals two students for seating*  
*Is a bus with undercarriage needed for luggage, large objects, etc.?*       Yes       No
- Wheelchair Bus Needed

District Van only     Van (7+ Driver)     Van (9+ Driver)     Other: \_\_\_\_\_

\*If this is a Charter Exchange please contact \_\_\_\_\_ so the school can decide if they need to cancel the trip

Requested by: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_

Trip Name: \_\_\_\_\_ Date of trip: \_\_\_\_\_

Reason for the trip:  
\_\_\_\_\_

**TRIP TIMES**

Depart date: \_\_\_\_\_ Depart time: \_\_\_\_\_ Return date: \_\_\_\_\_ Return time: \_\_\_\_\_

Destination: \_\_\_\_\_ Address (required): \_\_\_\_\_

Drivers stay     Yes     No

Drop off only     Yes     No    Pick-up time: \_\_\_\_\_ (for return trip)

**District Van Use Only:**

Driver Name: \_\_\_\_\_ Ending Mileage: \_\_\_\_\_

Driver Signature: \_\_\_\_\_ Starting Mileage: \_\_\_\_\_

Vehicle #: \_\_\_\_\_ Total Trip Mileage: \_\_\_\_\_

**BILLING INFORMATION- \*Must have signatures if paid by ASB**

ASB account number: \_\_\_\_\_ Student signature: \_\_\_\_\_

General Fund account number: \_\_\_\_\_

Principal/Budget Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

IF AN EMERGENCY ON TRIP, FIRST CALL 911

Transportation office: 360-563-3525

Bus Garage/Shop: 360-563-3529