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| <b>2025-2026</b><br><br><b>TRANSPORTATION REQUEST</b><br><br><b>HITCHCOCK ISD</b><br><br><b>Send as e-mail to Transportation Department and Facilities and Operations Director</b> |                          | <b>INSTRUCTIONS</b><br>1. E-mail requests must be submitted with approval to the Transportation Department a minimum of 14 school days prior to any trip.<br>2. Complete <b>one request per day</b> indicating the number of passengers. Suggested passenger allowances as follows: H.S. & Middle School 47; Elementary 3 <sup>rd</sup> - 6 <sup>th</sup> grades ~55; Elementary K-2 <sup>nd</sup> grades ~71. <i>Wheelchair buses have different capacities – please contact transportation with your specific requirements.</i><br>3. <b>Teacher/coach must provide thorough directions and/or map.</b> Should always check for road repair work that could cause delays. <b>Staff member(s) required on each bus.</b><br>4. Transportation Department will send a return e-mail confirming the request to initiating staff member. |  |
| Date of Trip   | School/Group             | Destination   | Location of Pickup   |
| Exact Departure Time   | Approximate Return Time  | <b>Meal Destination</b>   |  |
| Number of Riders (a roster of riders should be with coach or teacher and available to driver)  | Initiating Teacher/Coach | Date Submitted  |  |
| Directions can be typed here - Teacher/Coach is responsible to bring thorough directions and/or map. Or mail map with form.  |                          |   |  |
| <b>THIS SECTION TO BE COMPLETED BY AUTHORIZED ADMINISTRATOR</b>  |                          |   |  |
| Approved by  |                          | Title   | Date Approved  |
| Academic Trip: Yes      No   |                          | Billable trip: Yes      No<br>Bill trip cost to:  | Check with Transportation Office for current fees. Fees are subject to change due to fluctuating fuel costs. |
| <b>THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT</b>   |                          |   |  |
| Date received in Transportation  |                          | Date acknowledged by Transportation   | Transportation Approval  |
| Driver Assigned  |                          | Vehicle Number  |  |
| <b>THIS SECTION TO BE COMPLETED BY BUS DRIVER</b>  |                          |   |  |
| Starting Mileage   |                          | Ending Mileage  | Miles traveled   |
| Starting Time for Pre-trip   |                          | Driving Hours   | Sitting Hours  |
| Actual Departure Time  |                          | Arrival time at destination   | Driving Hours  |
| Starting Time for RETURN Pre-trip  |                          | Finished time   | Office Use   |
| Signature of driver  |                          | Date  | Office Use   |