BUS, VAN, OR TRUCK REQUEST FORM

Requests must be submitted to the at least two (2) weeks in advance.

Name of School: _____

Trip: From Clarksdale to _____

Activity or Event:

_____

Departing date: _____ **Time:** _____

Returning date: _____ **Time:** _____

Number to be transported: _____

(Must attach the roster of students being transported)

Supervisor (Teacher or Coach): _____

Driver: _____ **Bus #** _____

****Will be assigned by Transportation supervisor****

Principal's approval: _____ **Date:** _____

Athletic Director (required for all athletic requests): _____

Transportation Supervisor: _____ **Date:** _____

Superintendent's approval: _____ **Date:** _____

Note: No request will be processed received within 5 working days of requested transportation. No phone requests will be accepted. Incomplete forms will be returned.

Clarksdale Municipal School District

Every Student, Every Need!