

TRANSPORTATION

PORTLAND PUBLIC

517-647-2993

Before each trip, a request form must be filled out and submitted to the
Transportation Department

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THIS SECTION TO BE COMPLETED BY TEACHER			
Date of Trip:	School:	Destination:	
LOAD TIME AT SCHOOL (ALLOW 5 MINUTES):	RETURN TIME:	DEPARTURE TIME FROM SCHOOL:	GROUP:
VEHICLE: REGULAR BUS ☐ SPEC ED BUS ☐	SUBMITTED DATE:	TEACHER IN CHARGE:	TEACHER PHONE NUMBER:
Address of Location:			
Adults:	Students:	Aides:	Need Car seat ☐ Need Harness ☐ Need Wheelchair ☐
COMMENTS: (INCLUDE ALL DIRECTIONS OR SPECIAL INSTRUCTIONS)			
THIS SECTION TO BE COMPLETED BY PRINCIPAL			
APPROVED BY:	TITLE:		DATE APPROVED: