CLARKSDALE MUNICIPAL SCHOOL DISTRICT

BUS, VAN, OR TRUCK REQUEST FORM

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

1. TRANSPORTATION REQUEST INFORMATION

School Name: _____

Trip Destination: From Clarksdale to _____

Activity / Event: _____

_____

2. TRAVEL INFORMATION

Departure Date: _____ Return Date: _____

Departure Time: _____ Return Time: _____

3. PASSENGER INFORMATION

Number to be Transported: _____

Roster of students/passengers must be attached.

4. SPONSOR INFORMATION

Teacher / Coach / Supervisor: _____

Cell Phone Number: _____

5. TRANSPORTATION DEPARTMENT USE ONLY

Driver Assigned: _____

Bus / Van Number: _____

Driver assignment completed by Transportation Department.

6. APPROVALS

Principal Approval:
Signature: _____ Date: _____

Athletic Director Approval *(Required for Athletic Events):*
Signature: _____ Date: _____

Director of Maintenance & Transportation:
Signature: _____ Date: _____

Superintendent / Designee Approval:
Signature: _____ Date: _____

7. SPECIAL INSTRUCTIONS

_____

_____

_____

_____

8. TRANSPORTATION TYPE (Check One)

- ☐ Local
- ☐ Out-of-City
- ☐ Out-of-State
- ☐ Overnight

9. NOTICE

Requests received fewer than five (5) working days before the requested transportation date may not be processed. Incomplete forms will be returned for correction.