BALDWIN-WHITEHALL SCHOOL DISTRICT – TRANSPORTATION REQUEST FORM

Two weeks advance notice requested for all bus requests (Athletics: complete #1-#3/Acad&Misc: complete #3-#7)

☐ ATHLETIC TRIP, BHS & HMS Out-of-District ☐ ATHLETIC ACTIVITY BUS ☐ FIELD TRIP, 9:30AM-1:30PM

☐ EXTRA-CURRICULAR TRIP, competitions, misc. ☐ SHUTTLE, before/after ☐ SHUTTLE, continuous

BHS	HMS	MES	LES	WES	Non-Public	Community or Lease Program	MISC

Note: SAVE AS to your file, and THEN type your information into the request form or your information will be deleted.
Due to driver shortage, please schedule your trip to depart after 9:40AM - and return before 1:30PM. Or after 5:00PM.
If your requested trip times conflict with our regular student bus schedules, we may need to cancel your extra-curricular trips.

• **Number to be transported: Students Adults**

1. **Team Name:**
2. **Coach: Nm/Phone/Email& Supervisor Names: travelling w team**
3. **Comments/Special Arrangements:**

4. **School/Organization:** _____ **Grade/Subject** _____ ***ALL RIDERS MUST BE AGE 5 OR OLDER.**
5. **Teacher/Sponsor:** Name/Phone/Email
6. **Adult Supervisor Names:** Required, if leave district property
7. **Purpose of Field Trip/Extra-Curricular Trip:**

☐ **Handicap** – Wheelchair/Lift Vehicle required, includes Bus Attendant _____ **Total Number** of Wheelchairs for transport

☐ **Invoice/Cost of Trip Billed to** (if applicable): _____

Cost to Student: **$** _____

☐ **Price Quote/Estimate** (do not submit for signatures)

Date	Student Dismissal	Bus Depart Time	Depart Point	Destination	Return Trip Start Time	Return Trip End Time

District & Non-Public (after signing) Email to your Building Secretary, Principals or Athletic Director
Principals... & Lease Programs (after signing) Email to the ADM Curriculum Office,
rwaugaman@bwschools.net

Sponsor's Signature _____ Date _____ Principal / Athletic Director Signature _____ Date _____

Do Not Write Below This Line			
Approvals must be forwarded/emailed to jhamilton@bwschools.net for scheduling	**Approved**	**Disapproved**	**Date**
Superintendent			
Business Manager			

Revised 05/14/2026 CG

Transportation Manager				
Estimated Cost of Trip	$			