



REQUEST FOR TRANSPORTATION

[Non-Routine Trip]

GUIDELINES:

- A **“Request for Transportation”** must be completed for **every** trip. No verbal requests will be accepted.
- The Building Principal or the Athletic Director must review all trips prior to submission to Transportation Supervisor.
- All information must accompany the **“Request for Transportation.”** *Incomplete requests will be disapproved and returned to the Building Principal or Athletic Director.*
- A minimum of **three (3) working days** (excluding weekends & holidays) notice is required for all requests (includes any modifications to request, i.e., cancellations, change in date of trip, departure time, etc.).
- The original **“Request for Transportation”** must be **re-submitted** & approved by Building Principal or Athletic Director to notify Transportation Supervisor of modifications. **All changes must be submitted in writing.** No telephone requests for modifications/cancellations will be accepted.
- No trips will be approved if departure time and/or return time interferes with regular route schedules.

SECTION I: Please complete all information:

Staff Member(s) Requesting Trip:				Extension #:	
Building: <input type="checkbox"/> NES <input type="checkbox"/> NMS <input type="checkbox"/> NHS <input type="checkbox"/> ADMIN <input type="checkbox"/> SCOESC/Contract <input type="checkbox"/> Other (Please specify)					
Grade(s) Represented: <input type="checkbox"/> PSSN <input type="checkbox"/> PS <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Other					
Destination: (Name & Address)					
Meal Stop: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes indicate location:</i>					
Purpose of Trip:					
DATE OF TRIP:		DAY:		Departure Time:	
		<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		a.m. p.m.	
No. of Buses Requested:		Approximate Number of Students:		Est. Return Time:	
				a.m. p.m.	
				No. of Adults:	

SECTION II: Please answer the following questions briefly (use reverse side if necessary):

- ◆ What is the reason for or purpose of the trip?
- ◆ How does this trip relate to your classroom unit?
- ◆ What pre-trip and post-trip activities will occur?
- ◆ What type of student evaluation of the trip will be utilized (discussion, report, test, etc.)?
- ◆ Additional Comments that may affect any decision regarding approval :

SECTION III: Approvals

STAFF MEMBER SUBMITTING REQUEST		Date Submitted to Building Principal:	
Signature:			
<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied		BUILDING PRINCIPAL	
		Signature:	
<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied		TRANSPORTATION SUPERVISOR	
		Signature:	
		Date:	
		Date:	

ADMINISTRATIVE COMMENTS:

TRIP NO. ASSIGNED:		DRIVER ASSIGNED (if approved):		COPY RETURNED TO BUILDING PRINCIPAL:	
				Date _____ Initials _____ <input type="checkbox"/> Via Fax <input type="checkbox"/> Hard Copy/Interoffice Mail	