

STUDENT TRANSPORTATION SERVICES
(Transportation Request Form)

This form must be completed any time school transportation will be used. Complete a separate form for each trip and submit to the director of transportation no fewer than seven (7) days prior to the date transportation is needed. Today's date is _____.

Group, Organization or Team Requesting Transportation: _____

Sponsor/Coach: _____

Date of Trip: _____ Number of Students to Be Transported: _____

Destination: _____

Departure Time: _____ Anticipated Return Time: _____

Special Instructions or Requests

Approval/Authorization

Trip Has Been Approved: Yes No

Signature/Title of Individual Authorizing Trip

Date

This part of the form is to be completed by the Director of Transportation and returned to person requesting transportation.

To: _____

1. Your request for transportation to _____ (destination) on _____ (date) has been approved. You will be using bus number _____ and

FILE: EEA-AF1
Critical

your driver will be _____. Your students will be picked up at
(time)_____ a.m./p.m. at _____(location).

2. Your request for transportation has been approved with you as driver. You may pick up bus
number _____ at _____ a.m./p.m. (time) on _____ (date) from
_____ (location).

3. Your *Request for Transportation* has been denied for the following reason:

* * * * *

***Note: The reader is encouraged to review policies and/or procedures for related information in
this administrative area.***

Implemented: January 16, 2008

Revised:

Boonville R-I School District, Boonville, Missouri