

ARLEE SCHOOLS

BUS/VAN TRANSPORTATION REQUEST FORM

TO THE DIRECTOR OF TRANSPORTATION:

Date of Trip: _____

Teacher/Employee: _____

Destination: _____

Educational Justification: _____

Time of Departure from School: _____

Time of Return to School: _____

Location from where the bus/van leaves: _____

Number of Students: _____ Number of Chaperones: _____

Parents Notified?: Yes _____ No _____

Special Requests or Comments: _____

Person Responsible for Arranging this Trip: _____

Approved: _____ Denied: _____

Signature of Supervisor: _____ Date: _____

Bus Driver Assigned: _____ Bus No: _____

Signature Director Transportation: _____ Date: _____