

YELLOW FORM: SCHOOL
GREEN FORM: EXTRA CLASSROOM ACTIVITIES ACCOUNT CHARGE _____
CHECK HERE

NORTHEASTERN CLINTON CENTRAL SCHOOL
TRANSPORTATION REQUEST

This request must be submitted to the District Office each time special transportation is requested, ***at least (5) working days before trip date.*** The Transportation Department will not schedule transportation without the approvals indicated.

DATE OF REQUEST _____
PHONE NUMBER _____
BUILDING/DEPT. _____

PERSON/GROUP REQUESTING
SPECIAL TRANSPORTATION:

TRIP TO: _____
REASON FOR TRIP: _____

DEPARTURE: DATE _____ TIME: _____

PICKUP POINT (S) _____

RETURN: DATE _____ TIME: _____

RETURN POINT (S) _____

ESTIMATED NUMBER OF PASSENGERS: _____ (STUDENTS _____ ADULTS _____)

TYPE OF VEHICLE REQUESTED:

_____ 6 Passenger Van*	_____ 22 Passenger School Bus
_____ 8 Passenger Van*	_____ 48 Passenger School Bus
_____ Wheelchair Lift Bus	_____ 65 Passenger School Bus

*Vehicle can be driven by Occasional Driver

AUTHORIZATIONS: _____ Building Principal
_____ Superintendent

TRANSPORTATION DEPARTMENT USE ONLY:

_____ ATHLETICS _____ ACTIVITIES _____ LEASE

DRIVER'S NAME _____ BUS # _____ DATE _____

MILEAGE: _____ TIME: _____

END _____ AM/PM

DEPARTURE

BEGIN _____ AM/PM RETURN

TOTAL _____ Hrs. _____ Min. LAYOVER

NUMBER OF PASSENGERS: _____ SIGNED: _____