

YELLOW FORM: SCHOOL

GREEN FORM: EXTRA CLASSROOM ACTIVITIES ACCOUNT CHARGE _____

(Check Here)

NORTHEASERN CLINTON CENTRAL SCHOOL
TRANSPORTATION REQUEST

This request must be submitted to the District Office each time special transportation is requested, **at least (15) working days before trip date**. The Transportation Department will not schedule transportation without the approvals indicated.

Date of Request: _____

Phone Number: _____

Building/Dept.: _____

Person(s) requesting special transportation: _____

Group Transportation is for: _____

Trip to: _____

Reason for trip: _____

Departure Date: _____ Time: _____

Pickup Point(s): _____

Return Date: _____ Time: _____

Return Point: _____

Estimated number of passengers: _____ (Students _____/Adults _____)

Type of Vehicle Requested:

_____ 6 passenger Van*

_____ 22 Passenger Bus

_____ 8 passenger Van*

_____ 66 Passenger Bus

_____ Wheelchair Lift Bus

*Vehicle can be driven by Occasional Driver

AUTHORIZATIONS: _____ Building Principal

_____ Superintendent

TRANSPORTATION DEPARTMENT USE ONLY:

Drivers Name: _____ Bus #: _____ Date: _____

Event Type: _____

Departure Time: _____ Return Time: _____

Beginning Mileage _____ Ending Mileage _____ Total Mileage _____

Layover Start Time: _____ Layover End Time: _____

Number of Passengers: _____ Signed: _____