

School _____ Date of Request _____

Transportation Request

MUST BE SUBMITTED TO SAU AT LEAST TWO WEEKS PRIOR TO TRIP

Person Requesting Transportation _____ Contact Number _____

Trip Date _____ Pick up location _____

Pick up Time _____ Arrive back at school time: _____ Grade/other _____ Serv. Dog _____

Number of Students _____ Number of wheelchairs _____ Number of Adult/Teachers _____

Destination(s):

Address:

Educational Objective: _____

Approved by _____
(Principal signature) date (SAU signature) date

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BUS GARAGE USE ONLY

*** All information needs to be filled out ***

Driver _____

Bus Number _____ Driver's signature _____

Clock in time _____ Return pickup time _____ Passenger count _____

<u>TRIP</u>	<u>TIME</u>	<u>MILEAGE</u>
<i>Information</i>		
<input type="checkbox"/> Drop & pickup	START Trip Time _____	Ending Trip Miles _____
<input type="checkbox"/> Stay	End Trip Time _____	<u>STARTING</u> Trip Miles _____
	Total Activity Hours _____	Total Trip Miles _____

<u>ACTIVITY</u>		
<i>Information</i>		
	START Activity Time _____	End Activity Miles _____
<input type="checkbox"/> Drop & pickup	End Activity Time _____	START Activity Miles _____
<input type="checkbox"/> Stay	Total Activity Hours _____	Total Activity Miles _____

Dispatcher Confirmation _____ Reply to sender

Dispatcher's notes _____