Bus Transportation Request (Sports Program Only)

To be filed one week prior to needed date!

Name of School __________________________ Teacher __________________________

Name of Sport: Football, Volleyball, Cross Country, Basketball, Track (circle one)

Grade Level: 5-6-7-8 (circle group level) Number in Group: ______ Destination: _______

Approximate Mileage (round trip): __________


Date bus is desired: Date ______

Pick up students at: Palermo Helen Wilcox Leaving Time: __________

Return students to: Palermo Helen Wilcox Returning Time: __________

Date you submitted this request: __________________________

Principal's Approval __________________________ Superintendent's Approval __________________________

Head Bus Driver's Approval __________________________ Bus Driver and Number __________________________

Bus Record and Times:

Mileage Beginning of Departure: __________ Beginning Hours: __________
Mileage Ending of Return: __________ Ending Hours: __________
Total Miles: __________ Total Hours: __________

If there is any information omitted, or any change in the number of passengers, time of day date, etc., notify the principal. He/she will then contact the Superintendent for approval of the change.