Palermo Union School District 2261 Esperanza Avenue Palermo, CA 95968 (916)-533-4842

Bus Transportation Request (Sports Program Only)

lo Be filed one week	prior to needed di	ate!		
Name of School		T	Teacher	
Name of Sport: Footh	oall, Volleyball, C	cross Country, Baske	tball, Track (circle one)	
Grade Level: 5-6-7-8	circle group lev	rel) Number ir	Group: Destination:	
Approximate Mileage	(round trip):			
Day bus is desired:	Day: Mon.	Tues. Wed. Thu	ns. Fri. Sat.	
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 to	nis request:			
Principal's Approval			Superintendent's Approval	
Head Bus Driver's Approval			Bus Driver and Number	
		Bus Record an	d Times:	
Mileage Beginning of Departure:			eginning 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.