

**NORTHAMPTON COUNTY PUBLIC SCHOOLS**  
7207 YOUNG ST.  
MACHIPONGO, VA 23405

**REQUEST FOR SCHOOL BUS OR OTHER VEHICLE**

The Principal and Sponsor will fill in the items appearing below. **PLEASE AND SEND TO THE CENTRAL OFFICE TWO WEEKS IN ADVANCE OF THE DATE REQUESTED.** If approved, one copy will be returned to the principal and one copy retained at the Central Office.

**Type Of Vehicle Being Requested:** Please mark the type of vehicle being requested with an ( X ). If more than one vehicle is required, please indicate number in space provided.

**64/77 Passenger Bus:** \_\_\_\_\_ **SpEd Bus:** \_\_\_\_\_ **Activity Bus:** \_\_\_\_\_ **Car:** \_\_\_\_\_  
(14 plus the driver)

**School:** \_\_\_\_\_ **Sponsor Requesting:** \_\_\_\_\_  
(Teacher, Coach, Principal, etc. )

**Organization:** \_\_\_\_\_ **Number of Students:** \_\_\_\_\_  
(Class, Club, Grade Level, Team, Band, etc.)

**Destination:** \_\_\_\_\_  
( **LOCATION** – City, Town ) ( **NAME OF DESTINATION** – School Name, Museum/Park Name, etc.)

**Purpose of Trip:** \_\_\_\_\_

**Is Trip Education Related** (Circle One): **YES** **NO**

**If Yes, explain:** \_\_\_\_\_

**Departure from School:** \_\_\_\_:\_\_\_\_ A.M. \_\_\_\_:\_\_\_\_ P.M. **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return to School:** \_\_\_\_:\_\_\_\_ A.M. \_\_\_\_:\_\_\_\_ P.M. **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Driver (requested)\*:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ ( ) Principal **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Approved by:** \_\_\_\_\_ ( ) Superintendent **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Approved by:** \_\_\_\_\_ ( ) Operation Admin Asst. **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Driver must be approved by Superintendent or Director of Services and must possess a valid Commercial Driver’s License (C.D.L.) with appropriate endorsements.**