

Transportation Request



Remember, you must complete an LEAVE APPLICATION form before you attend an activity.

Wellsville USD #289
602 Walnut St
Wellsville, KS
US
66092
Phone: 785-883-2388
Fax: 785-883-4453
<http://www.wellsville-usd289.org>

Name:	<input type="text"/>
Date:	<input type="text"/>
School:	<input type="text"/>
Department:	<input type="text"/>

Destination and purpose of trip

Vehicle Requested:

Leave

Date: Time:

Return

Date: Time:

Number of persons: Students
Adults

Total

Extra Equipment

Authorized by:

Principal: Date:

Superintendent: Date:

Transportation: Date:

