

**Please make transportation request (bus or van) at least 48 hours in advance.**

**TRANSPORTATION REQUEST**  
**SCHOOL DISTRICT OF ATHENS**

**Vehicle Requested**

( ) **Bus** (Driver Needed)  
\_\_\_\_\_ # Buses

( ) **Van** (Number Needed \_\_\_\_\_)

**Type of Trip**

( ) Field Trip – Class \_\_\_\_\_  
( ) Co-Curricular – Club \_\_\_\_\_  
( ) Athletic – Sport \_\_\_\_\_  
( ) Professional – Type \_\_\_\_\_  
( ) Other \_\_\_\_\_

=====  
Date of Request \_\_\_\_\_

Date of Trip \_\_\_\_\_

Time of Departure \_\_\_\_\_

Estimated Time of Return \_\_\_\_\_

Overnight? No \_\_\_\_\_ Yes \_\_\_\_\_

Substitute needed? No \_\_\_\_\_ Yes \_\_\_\_\_

Lunch Program: Kitchen informed if my students are not eating hot lunch? \_\_\_\_\_ Yes \_\_\_\_\_ # Students \_\_\_\_\_ N/A

Informed Fellow Staff Members (via e-mail or preplanned absences)? \_\_\_\_\_ E-mail \_\_\_\_\_ Preplan Forms \_\_\_\_\_ N/A

School Making the Request ( ) AHS ( ) AMS ( ) AES ( ) DISTRICT ( ) OTHER \_\_\_\_\_

Name of Class or Group Making the Trip \_\_\_\_\_

Number to Make Trip \_\_\_\_\_ Name of Requestor \_\_\_\_\_

Destination of Trip \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

Name(s) of person(s) responsible for the supervision of the trip:

1) \_\_\_\_\_

3) \_\_\_\_\_

2) \_\_\_\_\_

4) \_\_\_\_\_

=====  
Principal Approval \_\_\_\_\_

Date \_\_\_\_\_

**Fischer Bus Service Authorization**

FAXED \_\_\_\_\_

Trip Authorized by \_\_\_\_\_

Driver Assigned \_\_\_\_\_

Miles \_\_\_\_\_ Hours \_\_\_\_\_

Other Costs \_\_\_\_\_

Total Billing \_\_\_\_\_