

ACTIVITY TRANSPORTATION REQUEST

(Must be submitted to Kelli Parker's office on **Thursday**
the week **before** the activity, with Principal approval)

Date of Trip_____ Destination_____ Vehicle BUS SUBURBAN

Activity or Event_____ To Be Paid By_____

Students_____ # Sponsors_____ TOTAL # going_____ Equipment_____

Loading point_____ Meal(s) will be paid: yes no

Departure Time_____ Return Time to School_____

Requested by_____ Today's Date_____

Principal approval_____ Today's Date_____

APPROVAL AND ASSIGNMENT

Driver in charge_____ Bus # _____

APPROVED BY _____ DATE OF APPROVAL _____

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