INSTRUCTIONS: TRANSPORTATION REQUEST Requests must be submitted prior to each trip. A separate request form must be filled out for each trip. Lead-Deadwood School District #40-1 Send filled out form to the Transportation Department. Transportation Department will email approval status. This Section to be completed by Teacher/Coach/Adviser Destination: Date of Trip: School: **Departure Time Return Time** Group: From School: To School: Date Submitted: Teacher In Charge: Number of Riders: Charge To: Comments: (Include All Directions Or Special Instructions) Title: Date: Approved By: This Section to be completed by Transportation Department Bus Vehicle: Van Activities Bus Date Received: Date Acknowledged: Comments:

Title:

Date:

Approved By:

	INSTRUCTIONS:			
TRANSPORTATION REQUEST	Requests must be submitted prior to each trip.			
			be filled out for each trip.	
Lead-Deadwood School District #40-1	Send filled out form to the Transportation Department.			
	Transportation Department will email approval status.			
This Section to be completed by Teacher/Coach/Adviser				
Date of Trip:	School:	Destination:	Destination:	
Departure Time	Return Time	Crount	Group:	
From School:	To School:	Group:		
Teacher In Charge:	Number of Riders:	Charge To:	Date Submitted:	
Approved By:		Title:	Date:	
This Section to be completed by Transportation Department				
Date Received: Date Ackn	owledged:	Vehicle: Van	Bus Activities Bus	
Comments:				
Approved By:		Title:	Date:	

^{***}Please print on Yellow Paper***