

Fairfield Community High School – Transportation Request Form

Staff Members Name _____

Cell Phone _____ Organization _____

If using a van or car, do you currently have a valid driver's license? Yes ☐ No ☐

Bus ☐ (48) Activity Bus ☐ (11-15) Van ☐ (7) Car ☐ (4) Total Number on Trip ☐

Destination _____

Purpose _____

Date Needed _____

Leave Time _____

Return Time _____

Signature of Athletic Director _____

Signature of Administrator _____

Available <input type="checkbox"/>	Not Available <input type="checkbox"/>
Bus # _____	
Driver _____	
Transportation Director	Date

Comments: Where will keys be? Where will vehicle be parked? Etc.

Date	Destination	Departure Time

Please complete a form for each type of vehicle needed. Give original to AD and a copy to the Administrator. The Transportation Director will place a copy of the signed form in the staff member's mailbox for confirmation purposes.