FLOWS WELLS PUBLIC SCHOOLS
PUPIL TRANSPORTATION REQUEST
(Educational Field Trips, Athletics, Special Trips, Etc.)

School: ____________________________ Today's Date: ________________

INSTRUCTIONS: This form is to be completed in triplicate and signed by the Requester and Principal. A Purchase Order must be issued by the Business Office BEFORE the request can be sent to the Transportation Office for vehicle assignment. The completed Pupil Transportation Request should be submitted at least 2 weeks prior to the date of any trip.

DATE TRANSPORTATION NEEDED: ________________________

DATE RETURNING: ________________

LOAD TIME: ________________ (AM) (PM)

DEPART TIME: ________________________

RETURN LOAD TIME: ________________ (AM) (PM)

ARRIVAL BACK AT SCHOOL: ________________________

NUMBER OF PUPILS: ________________

NUMBER OF CHAPERONES: ________________

GRADE LEVEL: ________________

TYPE AND NUMBER OF VEHICLES REQUESTED:

____ MINI VAN (7 PASSENGER)

____ BUS (56/84 PASSENGER)

____ VAN (10 PASSENGER)

____ W/C BUS (2 w/c + 24 PASSENGER)

PLACE FOR PICKING UP STUDENTS AT THE SCHOOL (IF BUS IS REQUESTED):

NAME: ____________________________

ADDRESS: ____________________________

ADDITIONAL STOPS: (i.e. PARK, MEALS, ETC.) ____________________________

PURPOSE OF TRIP: ____________________________

PERSON MAKING REQUEST (APPROVAL) PRINCIPAL (APPROVAL) TRANSPORTATION DIRECTOR

PLEASE PRINT NAME AND PHONE #: ____________________________

ACCOUNT NAME: ____________________________ PO NUMBER: ____________________________

DISTRICT USE ONLY:

MILEAGE CHARGE $ ____________________________

ESTIMATED DRIVER CHARGE $ ____________________________

ESTIMATED TOTAL CHARGES $ ____________________________

ACCOUNT CHARGED $ ____________________________