

FORT PLAIN CENTRAL SCHOOL TRANSPORTATION REQUEST

_____ Date of Request Must be submitted to Building Principal two weeks prior to event.

Using Bus Company*

*If using a private carrier company – four weeks in advance and please check box under date of request and indicate information below.

Teacher(s): _____

Destination: _____

Date of Trip: _____ Date of Return: _____

Objectives of Trip: _____

Departure Time: _____ Expected Return Time: _____

Bus Needs: _____ 5 Passenger _____ 16 Passenger _____ 59 Passenger

_____ # of Wheelchairs Needed _____ # of Harnesses Needed

Number of Students: _____

Number of Chaperones: _____ (Max: 1/10students)

*Name of Bus Company: _____

Address of Bus Company: _____

Please initial and route form as follows:

_____ 1. Teacher(s) Requesting

_____ 2. Building Principal

_____ 3. Transportation - Head Bus Driver

_____ 4. Superintendent

Copies to:

Head Bus Driver

School Nurse

Building Principal

Superintendent

Head Cook

Attendance Office

Director of Special Education

Main Office