

School Transportation Request Form

East Marshall Community School District

COMPLETE AT LEAST ONE WEEK BEFORE TRIP DATE

Name of Employee: _____

Today's Date: _____

Purpose of Trip:

Date of Trip: _____ Grade Level: _____

Destination: _____

Time of Departure: _____ Time of Return: _____

How many students? _____ How many adults? _____

Vehicle Type Needed: _____ Bus, How many? _____
_____ Van, How many? _____

Approval from Administrators: ("CC" your request to your building principal and superintendent when you address it to the transportation director)

1st Principal _____ Date _____

2nd Superintendent _____ Date _____

3rd Transportation Director _____ Date _____

Transportation Director will make arrangements and will provide the cost of trip below to the School Business Official.

No. of Miles _____ X Cost of Vehicle per mile _____ = \$ _____
(cost of trip)

(2015-16 cost: \$4.02 per mile for bus, and \$.56 per mile for van/car)