Huntington I.S.D.

REQUEST FOR VEHICLE

Transportation Dept. Phone: 876-4287
Office Ext: (Pat) 2112 or (Angie) 2115; Bus Barn Shop Ext. 2114

DATE SUBMITTED: _____TEACHER/SPONSOR_____

ORGANIZATION/CLASS: _____

TRIP DESTINATION/PURPOSE: _____

NUMBER OF VEHICLES REQUESTED: _____BUS(ES) _____CAR(S)

DRIVER REQUESTED FOR TRIP: _____ YES _____ NO

NUMBER OF STUDENTS: _____ NUMBER OF TEACHERS: _____

DATE OF TRIP: Mo._____ Date _____Yr. _____ Day of week_____

Time of departure: _____ am/pm. Time of return: _____ am/pm

Pick up time for vehicle**: _____**am/pm **(Bus will not be released any earlier than designated pick up time on request form.)**

List special needs, requests, comments: _____
_____

(For field trips, indicate if driver needs to make arrangements for their meals; Sack lunch, etc.)

Signature of Teacher/Sponsor _____date _____

Principal's Signature _____date_____

Must be submitted 5 days prior to trip date. Submit separate request for each trip. **NOTIFY IMMEDIATELY** of cancellations or changes.

VEHICLES NOT ASSIGNED UNLESS REQUEST FORM RECEIVED

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This section to be completed by Transportation Dept.

Date Received: _____ Driver Assigned: _____