

JESUP COMMUNITY SCHOOL DISTRICT

BUS/VEHICLE REQUEST



NOTE: Requests for transportation must be submitted for administrative approval five (5) days prior to date of trip.

Date of Trip: _____ Date of Request: _____

Class/Group: _____ # of Students: _____

Person in Charge: _____ # of Adults: _____

Destination: _____ Purpose/Event: _____

Departure Time: _____ Arrival Time Back at School: _____

Place of Departure: _____

Signature of Person Placing Request

Date

Signature of Supervisor/Athletic Director

Date

To be completed by Transportation Director

Services will be available as requested:

Yes

No

Date: _____

Name of Driver and Bus/Vehicle #: _____

Signature of Transportation Director

Date

Transportation Office

Supervisor/Athletic Director

Person Placing Request