**SCHOOL DISTRICT OF NEILLSVILLE**

**Request for Transportation**

Every individual, organization, or group must complete this form at least **TWO WEEKS BEFORE** your trip request date. **Out-of-state trips MUST** be approved by the Board of Education at least two months before the anticipated request date. When the supervising principal and transportation coordinator have approved the form, you will receive an email verification of the trip. No changes can be made after approval. If you have any issues, please contact your building principal and/or the transportation coordinator.

**Trip Details** **Request:**  In-District  Out-of-District  Out-of-State  Out-of-Country

**Requesters Name:**       **Contact #:**

**Class/Club/Grade/Sport Name:**

**Type of Trip:**  Extracurricular/Athletic  Co-Curricular/Academic  Instructional Class Field Trip

Student Activity Club Staff Development  Other:

**Reason/Topic for your Trip:**

***Student Class Request Only***

Destination/Itinerary:

State Standards Addressed:

Connection to Curriculum Unit:

Follow-up Classroom Activities:

**Vehicle Details** **Type of Vehicle Requesting:**  Vehicle/Van  Bus  Coach

**Number of Buses/Vehicles Needed:**  1  2  3  4 Other:

**Date Needed:** From:       To:       **Date Keys Requested:**

**Approximate Number of Passengers:**       **Coolers/Equipment/Items Bringing:**

**Destination/Facility Name(s):**

**Street Address(s):**       City:       State:

**Pickup Location:**  Ag Room Door Entrance #4  Band Room Door Entrance #15

Board Office Door Entrance #7  ES/MS Office Door Entrance #6  Fieldhouse Door Entrance #12

HS Office Door Entrance #1  Pool Door Entrance #13  Other:

**Bus/Vehicle Leave Time:**       **Event Start Time:**       **Bus/Vehicle Return Time:**

***No approval is needed for vehicle/van requests. Send to ES/MS Office to schedule.***

**Approval**  Approve Deny Building Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approve Deny Trans. Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notification** Notified for Medical Health Office Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Driver Trip Information** Drivers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle/Bus/Coach #: \_\_\_\_\_\_\_\_\_\_

Contracted Starting Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trip Cancelled Starting Mileage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Mileage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_