**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_