



# PLEASANTVILLE PUBLIC SCHOOLS

Department of Transportation

## Transportation Request Form

School Name: \_\_\_\_\_

Person Requesting: \_\_\_\_\_ Contact: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Destination Address: \_\_\_\_\_

Number of Buses: \_\_\_\_\_

Pick-Up/Departure Time: \_\_\_\_\_ Return Pick Up: \_\_\_\_\_

Return/Arrival back to building: \_\_\_\_\_

Number of Students: \_\_\_\_\_

Number of Chaperones: \_\_\_\_\_

Administrative Signature: \_\_\_\_\_

Board Approval Date: \_\_\_\_\_ (PLEASE DO NOT TURN IN WITHOUT THIS BOE DATE)

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### FOR OFFICE USE ONLY

Bus Company Needed            YES    NO (circle)

Driver/Company \_\_\_\_\_

Cost: \_\_\_\_\_