

**SOUTH BURLINGTON SCHOOL DISTRICT
TRANSPORTATION REQUEST FORM**

A) REQUEST INFORMATION

Current Date _____

Requestor _____ School/Department _____

Requesting transport for (circle one): Field Trip Athletic/Co-Curricular Special Services

Destination _____ Event Day/Date(s) _____

Departure Time _____ Return Time _____

Number of Students _____ Grade Level(s) _____

Will students be away for the lunch period? Y N

Requestor Signature _____ Principal/Director Signature _____

B) REQUEST CONFIRMATION

Bus Transportation has been scheduled as requested. In the event of a cancellation, notify Deb Courtemanche (Transportation Supervisor) at 652-7498 or fax 652-7477. In the event of a last minute cancellation please notify the assigned driver.

Driver Assigned _____ Contact Number _____

Confirmation Date _____

Transportation Supervisor Signature _____

C) SPECIAL SERVICES REQUIRED

Are special accommodations/Behavior Plan required (circle one)? Yes No

If yes, please explain _____

If yes, please describe location and accessibility

Transport frequency (circle all applicable) M T W TH F One day only

Please attach the transportation portion of the IEP page to this request form.

D) GENERAL INFORMATION

- All trips should be scheduled *at least one week* (five school days) prior to the event date. All
- Field Trips should be scheduled to occur between the hours of 8:30am – 2:00pm. Longer trips are possible, but will require advanced scheduling.
- All Field, Athletic, and Special Services trips require that a staff member(s) be on board who is responsible for the student safety and discipline.

E) BUS DRIVER TRIP LOG INFORMATION (to be completed by assigned driver)

Bus number assigned _____ Trip Mileage _____ Fuel used _____

Trip Time: _____ Hours _____ Minutes



Driver Signature:

Driver comments on reverse

