

TRANSPORTATION VEHICLE REQUEST FORM

REQUEST AND ROUTING INSTRUCTIONS:

- Form must be completed a minimum of **TWO WEEKS** prior to the requested date of vehicle use, one form per date needed.
- Completed form must **FIRST** be submitted and **APPROVED** by the **PRINCIPAL/DESIGNEE**.
- Principal/Designee approved form must be submitted to the Transportation Department for processing.** Please submit by **ONLY ONE** of these methods: interoffice mail or email: transportation_office@mattawanschools.org.
- Group/person will receive a Google Calendar notification when approved.

TRIP INFORMATION

Form Completion Date: _____ Requested Date of Trip: _____
Month / Day / Year *Day of the Week / Month / Day / Year*

Building Requesting Trip:

ECEC EES LES MS HS CO

Type of Transportation:

[Multiple date trips – if you select *Special Transportation and/or Lift Bus*, you MUST specify the date they are needed]

School Bus Van Suburban Van Driver Truck
 Special Education Lift Bus – Date Needed: _____
 Other: _____

Number of Student Riders: _____ Grade Level(s): _____ Number of Adult Riders: _____

School Departure Time: _____ am pm Destination Departure Time: _____ am pm

Destination: _____

Reason: _____

Billable Trip? Yes No If yes, name of organization: _____

CONTACT INFORMATION

Group/Organization Requesting Transit: _____

Contact Person: _____

Phone Number(s): _____
School Extension *Cell/Home*

FOR OFFICE USE ONLY

Principal/Designee Signature: _____ Date: _____ Approved Denied

Transportation Approval: _____ Date: _____ Approved Denied

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