

## 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](mailto: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

Revised Dec. 2022

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