



**VALLEY R-VI SCHOOL DISTRICT
VAN/STUDENT TRANSPORTATION SERVICES**

(Transportation Request Form)

This form must be completed any time school transportation will be used. Complete a separate form for each trip and submit to the building principal no fewer than fourteen(14) days prior to the date transportation is needed. Today's date is _____.

Group, Organization, or Team Requesting Transportation:

Sponsor(s)/Coach(es): _____

Date of Trip: _____ Number of Students to be Transported: - _____ (Max. 7 including driver)

Destination: _____

Reason for trip: _____

Departure time: _____ Anticipated Return time: _____

Special Instructions or Requests

Approval/Authorization

Trip has been approved: Yes No

Principal's Signature

Date

Transportation Director's Signature

Date

Superintendent's Signature

Date

This part of the form is to be completed by the Director of Transportation and returned to the person requesting transportation.

To: _____

1. Your request for transportation to _____ (destination) on _____ (date) has been approved. You will be using bus number _____ and your driver will be _____. Your students will be picked up at (time) _____ a.m./p.m. at _____ (location).
2. Your request for transportation in the school van has been approved. Your driver will be _____. Your students will be picked up at (time) _____ a.m./p.m. at _____ (location).
3. Your *Request for Transportation* has been denied for the following reason:

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