**MONROE PUBLIC SCHOOLS**

***Transportation Request Form***

Request forms must be submitted to the Transportation Office at ***least 10 days prior to trip*** date for approval.

Request forms must be ***approved before forwarding*** to the Transportation Department.

Send completed request to: [Transportationofficestaff@monroe.k12.mi.us](mailto:Transportationofficestaff@monroe.k12.mi.us) or Fax: 734-265-3301

Each trip needs to be submitted on a separate form.

**Today’s Date**: **Date of Trip**:

**School: *\_\_\_****MHS \_\_\_OCHS \_\_\_MMS \_\_\_ABWN \_\_\_ABWS \_\_\_CUS1 \_\_\_CUS2*

*\_\_\_MANOR \_\_\_RAISINVILLE \_\_\_WATERLOO \_\_\_MCISD \_\_\_\_OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Group Making Request­: Grade:**

**Destination:**

**Trip Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Number of Students & Adults to be Transported** *(max.50 per bus)***:**

**Is a Lift Bus Needed?**  YES NO **If Yes, How Many Wheel Chairs?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is a Transportation Aid Requested?** YES NO

**Requested Time to Load Students/Adults:** \_\_\_\_\_\_\_\_\_\_\_\_\_ AM PM

**Loading Location** *(ex.door A, Flagpole)***:**

**Departure Time from Monroe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** AM PM

**Arrival Time at Trip Location**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM PM

**Departure Time from Trip Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** AM PM

**Event or Purpose of Trip**

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**Faculty Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ext/Phone #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization to be Billed/Acct #:**

(If the account number line is left blank, total price of trip will be charged to budget of school requesting trip.)

**Principal or Director Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Central Administration Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

*Transportation Office Use Only*

**Date Rcvd:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Trip #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assigned Driver(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assigned Bus #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_