CENTRAL UNION HIGH SCHOOL DISTRICT

TRANSPORTATION REQUEST

BUSES

PLEASE SUBMIT TO SCHOOL SECRETARY

Requests for transportation within the county must be in the principal's office <u>no later than THREE (3) DAYS PRECEDING</u> the day it is needed; trips out of the county, at least a <u>WEEK IN ADVANCE</u> of the day it is needed.

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Date:	Requested by:		·
Phone Number:	Cell Number:		
NUMBER OF BUSES REQUESTING:	NUMBER OF ST	UDENTS_	# OF ADULTS
Class, Club, Organization:			
Chaperones:			
Educational or Other Justification:			
Departure: Place:	Date:		 Time:
Destination Address & Place:		Date:	Time:
Destination Address & Place:		Date:	Time:
Destination Address & Place:		Date:	Time:
Return to El Centro: Place:	Date: _		Time:
Charge to:		Student Adave # if it's a d	
All students need to have a permissi must be approved before transporta slips please see Elena. Teacher/Advisor Signature:	tion is requested. If y	ou have q	· · · · · · · · · · · · · · · · · · ·
APPROVED BY:			
Principal:		Da [•]	te:
(FOR OFFICE USE) Comments/Instructions:			
REQUEST ID#	DATE ENTER	 RED:	