

RISCO R-II SCHOOL

REQUEST FOR TRANSPORTATION

TEACHERS: Complete SECTION I and return to the Principal's OFFICE

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SECTION I:

Date of Request _____ Date Transportation is Needed _____

Teacher in Charge _____ Organization or Grade _____

*(No students may be left unsupervised).

Number of Students _____ Number of Buses Needed _____

Destination _____

*Exact destinations must be given prior to trip.

Time Leaving _____ Time of Arrival at Destination _____

Time Departing Destination _____

Estimated Time of Arrival Back to School _____

Teacher's Signature _____ Date _____

Principal's Signature _____ Date _____

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BUS DRIVERS: Complete SECTION II and return to Superintendent's Office

SECTION II: Bus Driver's Name _____ Bus # _____

Time Departing from School _____ Time Returning Back to School _____

Beginning Mileage _____ (Odometer Reading)

Ending Mileage _____ (Odometer Reading)

Total Miles Traveled _____ Total Time _____