BALDWIN-WHITEHALL SCHOOL DISTRICT – TRANSPORTATION REQUEST FORM Two weeks advance notice requested for all bus requests (Athletics: complete #1-#3/Acad&Misc: complete #3-#7) ATHLETIC TRIP, BHS & HMS Out-of-District ATHLETIC ACTIVITY BUS FIELD TRIP, 9:10AM-2:00PM EXTRA-CURRICULAR TRIP, competitions, misc. SHUTTLE, before/after SHUTTLE, continuous Community or BHS **HMS** MES **PES** WES Non-Public MISC Lease Program Please try to schedule your trips between 9:10AM - 2:00PM or after 5:00PM. If your requested trip times conflict with our regular student bus schedules (either to or from school), we may need to cancel your extra-curricular trips. •Number to be transported: **Students Adults** 1. Team Name: 2. Coach: Nm/Ph/Email& Supervisor Names: travelling w team 3. *Comments/Special Arrangements: Grade/Subject _____ 4. School/Organization: **5. Teacher/Sponsor:** Name/Phone/Email **6. Adult Supervisor Names:** Required, if leave district property 7. Purpose of Field Trip/Extra-Curricular Trip: Handicap – Wheelchair/Lift Vehicle required, includes Bus Attendant Total Number of Wheelchairs for transport **Invoice/Cost of Trip Billed to (if applicable):** Cost to Student: Price Quote/Estimate (do not submit for signatures) **Bus Depart** Student **Return Trip Return Trip Depart Point Destination** Date **End Time** Dismissal Time **Start Time** District & Non-Public (after signing) Email to your Building Secretary, Principals or Athletic Director Principals... & Lease Programs (after signing) Email to the ADM Curriculum Office, jmoik@bwschools.net Date Date Principal / Athletic Director Signature Sponsor's Signature Do Not Write Below This Line Approvals must be forwarded/emailed to lbrady@bwschools.net for scheduling **Approved** Disapproved **Date** Superintendent Assistant Superintendent **Business Manager** Transportation Manager \$

Estimated Cost of Trip