

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)

- | | | |
|---|--|--|
| <input type="checkbox"/> ATHLETIC TRIP, BHS & HMS Out-of-District | <input type="checkbox"/> ATHLETIC ACTIVITY BUS | <input type="checkbox"/> FIELD TRIP, 9:00AM-2:00PM |
| <input type="checkbox"/> EXTRA-CURRICULAR TRIP, competitions, misc. | <input type="checkbox"/> SHUTTLE, before/after | <input type="checkbox"/> SHUTTLE, continuous |

BHS	HMS	MES	PES	WES	Non-Public	Community or Lease Program	MISC

●Number to be transported - Students/Adults

Students

Adults

1. Team Name: _____
2. Coach: Nm/Ph/Email& Supervisor Names: travelling w team

3. *Comments/Special Arrangements:

4. School/Organization: _____

Grade/Subject _____

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)

Date	Dismissal Time	Depart Time	Depart Point	Destination	Return Time	Arrive Time

Name & Date: _____

Athletic Director/Principal
(Only Athletic Office or BWSD District Principal's authorized)
 Athletics/Principals **Email to the ADM Curriculum Office**
jmoik@bwschools.net

Name & Date: _____

Requester/Sponsor
 BWSD Coach/Teacher **Email Requests to Athletics/Principals**
 Non-Public/Community Etc. **Email Requests directly to the**
ADM Curriculum Office jmoik@bwschools.net

Do Not Write Below This Line			
Approvals must be forwarded/emailed to lbrady@bwschools.net for scheduling	Approved	Disapproved	Date
Assistant Superintendent			
Business Manager			
Transportation Manager			
Estimated Cost of Trip	\$		