



ELIZABETH FORWARD School District

401 Rock Run Road, Elizabeth, PA 15037

Michael A. Latusek, Superintendent

Phone: 412.896.2300

Fax: 412.751.9483

REQUEST FOR SCHOOL TRIP/ACTIVITY TRANSPORTATION

(Request must be made at least 2 weeks before proposed trip/activity - Please print)

Building/Grade Level _____ Requested by _____

Today's Date _____ Requested Date _____

Location _____

Number of Buses Needed _____ Number of Students _____

Departure Time From School _____ *Return Time _____

*Field trips/activities using school buses must return in time for buses to be available for regular student dismissal.

Accompanied by _____

Will you allow the route determined by the driver: _____ Yes _____ No

If not, what is your suggested route _____

_____ APPROVED

_____ DENIED

Building Administrator Signature

Date

1. After the transportation is approved, **the requestor makes the necessary arrangements with the bus garage.** The requestor will receive a copy indicating the approval. If the request is denied you will be notified.
2. The driver is permitted to make only those stops which are listed on the requisition.
3. Trips that extend over the lunch period will necessitate "carrying lunches" by students and chaperones.

Complete the above information, obtain an Administrative signature, make a copy for yourself and forward the original form to Margaret Boucher at the District Office.

_____ APPROVED

_____ DENIED

Director of Transportation Signature

Date

The Director of Transportation will send a copy of the approval/denial to the requesting teacher.