

**EATON RAPIDS PUBLIC SCHOOL**  
**Eaton Rapids, Michigan**  
**BUS TRANSPORTATION REQUEST**

DATE REQUEST WAS SUBMITTED: \_\_\_\_\_ (NOTE: Request must be made five (5) days prior to trip.)

DATE OF TRIP: \_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_ EXPECTED RETURN TIME: \_\_\_\_\_

Do you desire the driver to stay with your group or return to E.R. and pick up group later (mileage is \$2.00 per mile): Stay with group \_\_\_\_\_ Return & pick up later \_\_\_\_\_

Would you like the driver for an extra chaperone: \_\_\_\_\_ Yes \_\_\_\_\_ No

NAME OF ORGANIZATION OR INDIVIDUAL: \_\_\_\_\_

NAME OF PERSON MAKING REQUEST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

NAME OF PERSON/GROUP (to be billed for cost of trip): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

PASSENGER LOADING LOCATION: \_\_\_\_\_

NUMBER OF BUSES REQUESTED: \_\_\_\_\_

All requests for bus transportation shall have a scheduled adult chaperone for each bus requested before the request is approved.

NAME OF CHAPERONE: \_\_\_\_\_

It shall be the responsibility of the individual or group making the request for transportation to provide directions to the destination and to also know where the bus may be parked upon arrival. This information, along with a list of passengers riding the bus(es), will be given to the bus driver before departure.

DESTINATION (include directions and location where bus may be parked):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If additional space is needed to complete directions, please continue on back of this form.)

PRINCIPAL'S APPROVAL: \_\_\_\_\_

TRANSPORTATION DEPARTMENT APPROVAL: \_\_\_\_\_

DATE TRIP POSTED: \_\_\_\_\_ DRIVER ASSIGNED: \_\_\_\_\_