COLUMBUS COUNTY SCHOOLS

REQUEST FOR EXTRA TRANSPORTATION

(To be sent to the Director of Transportation two weeks **prior** to the date of the trip)

School or Department Submitting Request: _____ Date of Trip: _____

Address: _____

Submitted By: _____

Purpose of Trip: _____

Transportation Information

1. Number of pupils to be transported: _____
   Number of teachers: _____
   Number of chaperones: _____
   Number of buses needed: _____

2. Departure:
   a. Point of departure location: _____
      Address: _____
      Date: _____ Time: _____
   b. Additional Stops (location): _____
      _____

3. Destination (Name and address): _____
   _____

4. Route to be followed: _____
   _____
   _____

5. Bus number and driver assigned to this trip:

   _____ _____
   _____ _____
   _____ _____
   _____ _____
   _____ _____

6. Approved by: _____ Superintendent
   _____ Director of Transportation