



Transportation Request

Extended Day – Extended Year – Summer School – Special Programs

**This form must be submitted 20 days prior to the requested start date*

Name of Program: _____

School: _____

Program Requestor & Title: _____

Program Contact _____

Phone#: _____ Cell# _____

Funding Source: _____

Who will pay driver(s)? _____

How will driver(s) be paid? _____

Start date of Program: _____ End date of Program: _____

Start time of Program: _____ End time of Program: _____

Number of students in Program: _____

Number of buses required (to be determined by transportation): _____

Are the students from within your attendance zone? _____

Breakfast required? _____ Lunch required? _____ Snacks required? _____

Insurance required? _____ Workers Compensation? _____

Approvals:

Fabre, Johnson, Blunschi or Caulk, Area Assistant Supt.: _____

Herman Brister, Chief Academic Officer: _____

Herman Brister, Associate Superintendent: _____

William Talmadge, Admin. Director of Transportation: _____

Gail Johnson, Asst. Supt. for Auxiliary Services: _____
(If meals are required)

Catherine Fletcher Admin. Director of Facility Mgt.: _____

Wayne Messina, Director of School Security: _____
(If security is required)