

Rensselaer Central Schools Corporation

Educational and Extra Curricular Activities

Transportation Request Need To Be Made Two (2) Weeks Prior To the Event

I request bus transportation from : _____

To _____

On _____
Month Day Year Day of Week

Busses should report to _____ at _____

We will return to _____ at approximately _____

Number of persons to be transported _____ Number of busses requested _____

Organization making the request _____

Person / Persons in Charge _____

Are chaperones provided for each bus? _____ Number of Chaperones _____

Principals Signature _____ Date _____

Please send the original and two copies to the Transportation Director

After Drivers and busses are assigned the copies will be returned to you.

Bus Drivers Assigned:

1. _____ Bus # _____

2. _____ Bus # _____

3. _____ Bus # _____

4. _____ Bus # _____

IF THIS IS AN EDUCATIONAL ACTIVITY BUS REQUEST, PLEASE ATTACH THE EDUCATIONAL OBJECTIVE FROM TO ONE OF THE BUS REQUEST FORMS