

Rensselaer Central Schools Corporation  
Special Purpose Bus Request

Date(s) requested: \_\_\_\_\_

Su, M, Tu, W, Th, F &/or Sa: \_\_\_\_\_

Departure time: \_\_\_\_\_

Return time: \_\_\_\_\_

Location: \_\_\_\_\_

Team/Club/Coach/Sponsor: \_\_\_\_\_

Event/Activity: \_\_\_\_\_

Number of buses requested: \_\_\_\_\_

Driver of each bus: \_\_\_\_\_

Principal Signature & Date: \_\_\_\_\_

Superintendent Signature & Date: \_\_\_\_\_