



**Union Public Schools**  
**Activity Transportation Request Form**

**Attention! Our drivers are not available for trips from 6:30 to 9:30 AM and from 2:00 to 5:00 PM due to route requirements.**  
**If you need a driver during those times you will need to find your own qualified driver.**  
**Form Must Have All Information Filled Out Completely**  
**Forms Not Received 14 DAYS Prior To Trip Date May Not Be Scheduled!**

TEACHER/REQUESTER: \_\_\_\_\_ PHONE# \_\_\_\_\_ REQUEST # \_\_\_\_\_  
 BILL TO SCHOOL/DEPARTMENT: \_\_\_\_\_ ACCT. # \_\_\_\_\_  
 PERSON WHO WILL SUPERVISE TRIP: \_\_\_\_\_

TRIP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TYPE OF ACTIVITY: \_\_\_\_\_  
 # OF STUDENTS: \_\_\_\_\_ # OF ADULTS: \_\_\_\_\_ (Max. 4 per bus, including teachers)

PICKUP AT: \_\_\_\_\_ PICKUP TIME: \_\_\_\_:\_\_\_\_ AM/PM (BUS LEAVES SCHOOL)  
 DESTINATION: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_:\_\_\_\_ AM/PM (AT DESTINATION)  
 LEAVE TIME: \_\_\_\_:\_\_\_\_ AM/PM (FROM DESTINATION)  
 RETURN TO: \_\_\_\_\_ RETURN TIME: \_\_\_\_:\_\_\_\_ AM/PM (BACK AT SCHOOL)

SPECIAL INSTRUCTIONS/DRIVER DIRECTIONS: (Sponsor must know where trip is going & be able to supply exact directions if needed)

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REQUESTER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 PRINCIPAL'S/DIRECTOR'S APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 TRANSPORTATION APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR OFFICE USE ONLY

Date Received: ____/____/____	Date Confirmation Sent To Requester: ____/____/____
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