Flagstaff Unified School District – Transportation Request

New   Revised   Cancel

☐   ☐   ☐

(Check one)

School:_____

Sponsor Name:_____

Sponsor Phone: _____

Pickup Location: _____

_____

(Unless specified this will be the normal bus loading zone)

Purpose:_____

Event:_____

☐ AIA

Location:_____

Scheduled Start Time:_____

              End Time:_____

Additional Stops, if any:

_____

_____

☐ Itinerary Attached

Anticipated Load Count

#Students: _____

#Wheel Chairs: _____

#Sponsors: _____

#Total Passengers: _____

Number of Buses: _____

(Transportation reserves the right to determine total number of buses based upon Legal Capacity Limits)

Requested Transportation
Date: _____

Arrival:_____ Depart: _____

Release: _____ *(Complete return times under transportation type below)*

Transportation is one of the following: Shuttle, Special or Trip

Shuttle
(Within 50 Mile Limit - Driver drops off group)

One Way: ☐

Round Trip: ☐

Return Trip Arrival Time: _____

Load Time: _____

Release Time: _____

Special *(Driver stays with group)*

☐ School Day
*(Begins **after** 8:30AM and ends **before** 2:00PM)*

☐ Conflicting
*(Begins **before** 8:30AM or ends **after** 2:30PM)*

☐ Non School Day

Trip
(Out of City Limits)

Day: ☐

1 Night: ☐

2 Night: ☐

Return Date: _____

Return Time: _____

Return Release: _____

☐ Itinerary Attached

Bill to: _____

Address: _____

PO: _____

Acct: Code: _____

School/Administrator Approval

Date: _____