

SAN BENITO HIGH SCHOOL TRANSPORTATION REQUEST FORM

(Please submit form to the curriculum office 10 school days prior to date needed for buses)

(5 school days prior to the date needed for vans and all other vehicles)

Requestor: _____ Requestor Phone # _____

Account Name: _____ Account Number: _____

Destination: _____

(Complete Name & Address Required)

Date of Departure: _____ Loading Time: _____

Date of Return: _____ Time back on campus: _____

Number of vehicles requested: Bus _____ Van _____ Car _____ Other _____

Total number to be transported: _____ Number of wheelchairs: _____

Staff/Volunteer driver names for vans and/or cars: _____

ALL BUS STOPS on trips must have PRIOR APPROVAL

All trips depart from the San Benito High School Transportation bus yard.