



Transportation Field Trip Request Form

<input type="checkbox"/>	High School	<input type="checkbox"/>	Central Elementary	<input type="checkbox"/>	Thomson K's
<input type="checkbox"/>	Middle School	<input type="checkbox"/>	Gates Elementary	<input type="checkbox"/>	Cardinal's Nest
<input type="checkbox"/>	Hahn Intermediate	<input type="checkbox"/>	Hill Elementary	<input type="checkbox"/>	Head Start C or T
<input type="checkbox"/>	Alternative Ed.	<input type="checkbox"/>	Siple Elementary	<input type="checkbox"/>	Other _____

Requestor: _____

Date Needed: _____

Departure Time: _____

Return Time: _____

*When scheduling your trip please remember it needs to return before 2pm due to take-home runs, or have pre-approval from the Transportation Supervisor.

Total # of people riding: _____

of buses needed: Regular _____
Lift _____

Destination: _____

Address: _____

Provide map if possible

Pick up location: _____

Drop-off location: _____

Principal Signature: _____ Date: _____

Please forward signed request to: Transportation Office

TRANSPORTATION OFFICE USE ONLY:

DATE RECEIVED _____

10183 Lapeer Rd
Davison, MI 48423

Kdortman@davisonschools.org

Upon approval or denial confirmation will be returned to requestor

To: _____

At: _____

Your Transportation Request To: _____

Has been **APPROVED** or **DENIED** by the Transportation Supervisor

Signature: _____ Date: _____