

VIGO COUNTY SCHOOL CORPORATION  
OFFICE OF TRANSPORTATION  
462-4243

File:       IICA-E      

**REQUEST FOR SPECIAL TRANSPORTATION**

DATE \_\_\_\_\_

\_\_\_\_\_ requests the use of a \_\_\_\_\_  
(School)

bus/es for a trip to \_\_\_\_\_  
(Destination)

for \_\_\_\_\_ pupils.  
(Number)

The trip calls for the bus or buses to leave the school on \_\_\_\_\_  
(Day)

\_\_\_\_\_ at \_\_\_\_\_.  
(Date) (Time)

The bus or buses are expected to return at \_\_\_\_\_.  
(Approximate Time)

Travel distance is approximately \_\_\_\_\_.  
(Round Trip Miles)

Briefly describe the activity for which transportation support is requested:

Principal \_\_\_\_\_ Sponsor \_\_\_\_\_  
(Signature) (Signature)

Telephone No. \_\_\_\_\_

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Drivers Assigned

Bus No.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\*Responsible for group coordination