

**STAFFORD MUNICIPAL SCHOOL DISTRICT
TRANSPORTATION REQUEST**

Submit all copies of this form at least (7) school days prior to date required.

Campus: _____ Student Group: _____ Date: _____

Bus or Van: _____ Day/ _____ Date Required: _____ # of Students: _____

Activity: _____ Destination: _____

Phone #: _____ Address: _____

Departure Time: _____ Estimated Return Time: _____

of Adults: _____ Requested By: _____

Approved By: _____ (Principal or Director) Sports / UIL Educational

Eat: _____ (Check if you plan to stop to eat) Where: _____ (Town or General Area)

Please call transportation at least 24 hours before the trip to confirm that arrangements have been made as requested

**ALL FIELD TRIPS, WITH THE EXCEPTION OF U.I.L. ACTIVITIES, MUST ARRIVE
BACK AT THE SCHOOL NO LATER THAN 1:45 P.M.**

FOR TRANSPORTATION USE ONLY:

Driver: _____ Bus #: _____ Approved: _____

Departure:

Leave Time _____ Arrive _____

Eat:

Leave _____ Arrive _____ Leave _____ Arrive _____

Return:

Leave Time _____ Arrive _____

Mileage:

Ending Mileage _____ **WT**

Starting Mileage _____ **Trp DT**

_____ **Rte DT**

Trip Miles: _____ **DT**

Driver
Directions: _____

Comments: _____

Drivers Signature: _____