

TRANSPORTATION

PORTLAND PUBLIC

517-647-2993

Prior to each trip, a request form must be filled out and submitted to the
Transportation Department

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THIS SECTION TO BE COMPLETED BY TEACHER/PRINCIPAL

Date of Trip:	SCHOOL:	DESTINATION:	
LOAD TIME AT SCHOOL (ALLOW 5 MINUTES):	RETURN TIME:	DEPARTURE TIME FROM SCHOOL:	GROUP:
NUMBER OF RIDERS:	SUBMITTED DATE:	TEACHER IN CHARGE:	CHARGE TO:
COMMENTS: (INCLUDE ALL DIRECTIONS OR SPECIAL INSTRUCTIONS)			
APPROVED BY:		TITLE:	DATE APPROVED:

THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPT.

DATE RECEIVED:	DATE ACKNOWLEDGED:	VEHICLE:	REGULAR BUS	SPEC ED BUS
			<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:				
APPROVED BY:		TITLE:	DATE APPROVED:	