

Jackson Public Schools

Transportation Request Form



Directions:

1. Transportation requests must be received in the Transportation Dept at least two weeks prior to trip departure.
2. Send one copy to transportation department and keep one copy for your records.
3. Email requests to: bethany.reyna@jpsk12.org or fax to 517-768-5917

Trip details to be filled out by Trip Sponsor before the trip:

School Trip Sponsor Date of Request

Special Equipment
(i.e. wheelchair, walker, car seat, etc.)

Date of Event	Pick up Location	Total # of Passengers	Leave Time	Destination	Arrival Time	Destination Leave Time	School Return Time

Trip Sponsor Signature: _____ Building Principal Signature: _____

Trip details to be filled out by Bus Driver the day of the trip:

Time Leave Lot	Time Return to Lot	Mileage Start	Mileage Return	Total Miles

Driver Name:

Bus #

Driver Signature: _____ Trip Sponsor Signature: _____

Billing Information

For office use only

School/Dept/Organization

Attn/Contact

Address

City/State/ZIP

Phone Number

Payroll Use

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