

# Colton-Pierrepont Central School

4921 State Highway 56

Colton, NY 13625

(315) 262-2100

## Transportation Request Form

**\*\*\*Transportation Requests Needs to be Turned in 2 Weeks Prior to Trip \*\*\***

*Please print the following information clearly and legibly*

Date of Trip	Specific Destination	Requested By:
Departure Time from School	Return Time To School	Purpose of Trip or Group Making Request
<b>Any Special Request or Instructions:</b>		
Number of Passengers (Don't include Driver)	Person Supervising Trip	Date Request Submitted

### APPROVAL

1. Transportation Availability?                      **YES OR NO** \_\_\_\_\_  
Signature
2. Building Administrator                              **YES OR NO** \_\_\_\_\_  
Signature
3. Central Office                                              **YES OR NO** \_\_\_\_\_  
Signature

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

Driver Assigned: \_\_\_\_\_

Vehicle: \_\_\_\_\_

Approved Signed Copy to:

\_\_\_\_ Transportation Supervisor    \_\_\_\_ Bus Driver    \_\_\_\_ Mechanic    \_\_\_\_ Superintendent's Office