

**BATESVILLE COMMUNITY SCHOOL CORPORATION
VEHICLE REQUEST**

***Must be submitted to your building principal at least (5) school days prior to event.**

_____ **School** _____ **Date of Trip** _____ **Group/Event**

_____ **Teacher/Individual in Charge** _____ **Destination (City & Specific Street Address)**

_____ **Departure time & Pick up point**

***Directions & Itinerary must be
provided to Transportation Office**

_____ **Event Start Time** _____ **Event End Time** _____ **Return time to school**

Rider Information: **Special Needs:** # of Wheelchairs _____ **Total Students** _____
of Harnesses _____ **Total Adults** _____
of Car seats _____
Other _____

_____ **Date Submitted to Principal** _____ **Principal's Signature**

Date of Action _____ **Approved** _____ **Denied**

Comments/Special Instructions:

**RESPONSE & ASSIGNMENT SECTION
(To be completed by Transportation Department)**

Date Request Received: _____ **Date Action Taken:** _____

Request is: _____ **Approved** _____ **Denied**

Driver Assignment: _____ **Vehicle Assignment:**
_____ **Bus(es)** _____ **Van** _____

Departure Time: _____ **Response By:** _____

Comments/Special Instructions:

