

**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 _____
of Car seats _____ Total Adults _____
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:

