

**CAPE HENLOPEN SCHOOL DISTRICT**

**TRANSPORTATION REQUEST**

**THIS FORM MUST BE SUBMITTED AT LEAST FOUR WEEKS PRIOR TO DATE OF TRIP  
TRIP REQUESTS WILL NOT BE ACCEPTED WITHOUT PROPER APPROVALS (TEACHERS/ADMINISTRATORS)**

TRIP DATE:		SCHOOL:	
DESTINATION:		DEPARTURE TIME :	(FROM SCHOOL)
ADDRESS		RETURN TIME:	(TO SCHOOL)

**MUST INCLUDE MAPQUEST DIRECTIONS WHEN SUBMITTING REQUEST  
PLEASE INCLUDE ALL ADDRESSES AND DIRECTIONS IF MORE THAN ONE STOP LOCATION**

WHEELCHAIR BUS NEEDED:	_____ YES      _____ NO	
NURSE NEEDED:	_____ YES      _____ NO	ACCOMODATIONS:

GROUP:		NUMBER OF STUDENTS:	
TEACHER IN CHARGE		NUMBER OF ADULTS:	
CELL PHONE:		TOTAL:	

**BILL TO:**

**SPECIAL INSTRUCTIONS:**

**APPROVALS:**

	SIGNATURE	TITLE	
TEACHER:			Date
ADMINISTRATOR:			Date
OTHER APPROVAL IF NECESSARY FOR FUNDING:			Date:

**SECTION TO BE COMPLETED BY TRANSPORTATION OFFICE:**

DATE RECEIVED:					
BUS #		DRIVERS NAME:		PHONE:	
BUS #		DRIVERS NAME:		PHONE	
BUS #		DRIVERS NAME		PHONE	
BUS #		DRIVERS NAME		PHONE	

**\*QUOTE WILL BE SENT BY EMAIL TO TEACHER AND SCHOOL SECRETARY**