

# Bosco Catholic School System

St. Joseph Center  
319-233-5980

Immaculate Conception Center  
319-296-1089

Don Bosco High School  
319-296-1692

## TRANSPORTATION REQUEST FORM FOR SCHOOL VEHICLES

DATE OF REQUEST: \_\_\_\_\_

PERSON MAKING REQUEST:

ACTIVITY/EVENT:

DESTINATION:

DATE OF EVENT:

LEAVE SCHOOL (SJ IC DB) AT:

LEAVE EVENT AT:

NUMBER OF STUDENTS: \_\_\_\_\_ ADULTS: \_\_\_\_\_ GRADE(S): \_\_\_\_\_

VEHICLE REQUESTED:

\_\_\_\_\_ SCHOOL BUS

\_\_\_\_\_ TRANSIT BUS (capacity of 8, including driver) can drive \_\_\_\_\_  
(driver's name)

\_\_\_\_\_ TRANSIT BUS (capacity of 10, including driver) can drive \_\_\_\_\_  
(2 available) (driver's name)

SIGNATURE OF PERSON MAKING REQUEST: \_\_\_\_\_

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OFFICE USE ONLY: \_\_\_\_\_ APPROVED \_\_\_\_\_ NOT APPROVED

PRINCIPAL SIGNATURE: \_\_\_\_\_

*Upon approval, copy will be returned to the person making the request with details.*

DRIVER ASSIGNED: \_\_\_\_\_

DETAILS/INFORMATION: