

**MONROE CITY SCHOOLS TRANSPORTATION DEPARTMENT
REQUEST FOR SCHOOL BUS USE**

Telephone # (318) 325-0601 Ext. 3040

Fax # (318)322-6826

Date of Request _____

Date of Return _____

Date of Departure _____

Time of Return _____

Time of Departure
From School _____

Number of Students _____

Grade/Group _____

Number of Chaperones _____

_____ requests the use of _____ school bus(es) to travel
School/Organization (#)

to _____ for _____

Person Making Request

Signature of Principal

Payment Source _____
(Example: School, District, Title I, Grant)

*Approved By

Bus No.
1. _____

Bus Driver

2. _____

Bus Request Must Be Submitted Two (2) Weeks Before Departure Date

- *If this activity is being funded by a source other than your school, you must have approval from the Funding Authority.
- Please remember to **re-confirm** your request 2 days before departure.

Verification of Receipt:

(Instructions to Transportation Dept.: Please complete this statement of verification and return to the sender via fax or phone.)

I _____ verify I have received _____ pages including cover sheet.
(*Cover sheet is not required unless an explanation is needed)