



Washington
West
Supervisory
Union

340 Mad River Park
Suite 7
Waitsfield, VT 05673

Phone: (802) 496-2272
Fax: (802) 496-6515

Transportation Request

INSTRUCTIONS:

1. Requests must be submitted and approved prior to each trip.
2. A separate request form must be filled out for each trip.
3. Send all requests to HUHS Location Manager at (fax) 244-7832 or daniel.bellavance@firstgroup.com.

SCHOOL

THIS SECTION TO BE COMPLETED BY TEACHER/PRINCIPAL			
Date of Trip:	School:	Destination:	
Departure Time (from school):	Return Time (to school):	Group:	
Number of Riders:	Teacher in Charge:	Date Submitted:	
Comments (include all directions or special instructions):			
Approved by Principal:			Date Approved:

FIRST STUDENT

THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT			
Date Received:	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	If Denied, explain:
Comments:			
Vehicle: <input type="checkbox"/> van, ___ # <input type="checkbox"/> bus, ___ # <input type="checkbox"/> coach, ___ #			Estimated Cost: \$ _____
Approved by HUHS Location Manager:			Date:
For Transportation Dept. ONLY	School Notified by:	Date:	