

**ERIE'S PUBLIC SCHOOLS
REQUEST FOR TRANSPORTATION**

**ORIGINAL AND COPY TO: TRANSPORTATION MANAGER
 SERVICE CENTER – 1157 West 16th Street**

SUBMIT IN DUPLICATE – CONFIRMATION COPY WILL BE RETURNED

ADDITIONAL COMPLETED COPY TO BE PROVIDED TO SCHOOL NURSE

Date of application: _____ Specify if LIFT bus is required for wheelchair: _____

School: _____ Address: _____

Destination: _____ Address: _____

Date (first choice): _____ Date (second choice): _____

Time of departure: _____ Time to be returned: _____ Number of students: _____

Teacher requesting transportation: _____

Principal's / Director's approval: _____

A ROSTER OF ALL STUDENTS INCLUDING EMERGENCY CONTACT NUMBERS MUST BE IN THE POSSESSION OF THE TEACHER OR COACH.

DO NOT SCHEDULE TRIPS MORE THAN ONE MONTH IN ADVANCE

BELOW: TO BE COMPLETED BY SUPERVISOR OF TRANSPORTATION

Vehicle No. _____ Driver: _____ Number of passengers Carried: _____

Mileage _____ / _____

APPROVED: _____

Supervisor of Transportation

REASON DECLINED:

_____ EPS buses not available on this date

_____ EPS buses available from 9:30 a.m. to 1:30 p.m. ONLY
(MUST BE BACK AT SERVICE CENTER BY 1:30)

_____ Overtime trip, requires approval

For driver purposes only:

Start time: _____

End time: _____

Total time: _____

Approved: _____

**IF BUSES ARE TO BE CONTRACTED, PLEASE RESUBMIT
AND PROVIDE ACCOUNT NUMBER TO BE CHARGED OR "BILL TO".**