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”. 