

**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)