



POINT ISABEL INDEPENDENT SCHOOL DISTRICT
TRANSPORTATION REQUEST

(Submit One Request for Each Vehicle Needed for Each Day)

Campus _____

Emergency Telephone Numbers:

Organization _____

Ernie Mata, Director.....(956) 572-2643

Aureliano Martinez, Mechanic.....(956) 943-6419

Bus Barn.....(956) 943-0025

TRANSPORTATION REQUESTS MUST BE FILLED OUT COMPLETELY

_____ Bus _____ Qty _____ Special Needs with Lift _____ Qty _____ Other _____ Qty

_____ Special Needs _____ Qty _____ Large Van _____ Qty _____ Rental _____ Qty

ALL VAN REQUEST REQUIRE A MINIMUM OF 4 PASSENGERS. PLEASE SUBMIT A LIST OF PERSONS TRAVELING IN VAN. PASSENGERS MUST REMAIN IN THE SAME VEHICLE THROUGH DURATION OF THE TRIP.

PURPOSE OF TRIP _____

Number of Students/ Chaperones/ School Personnel, etc. _____

Date of Trip _____ Departure Time _____

Mark One Day Only: [Grid for days of the week: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday]

DESTINATION _____ TIME RETURNING _____

Approximate Arrival Time at Campus _____

Out of Valley Trip Approved by School Board _____ YES _____ NO

Special Instructions (if any) : _____

Sponsor (Please Print) _____ Date _____ Principal _____ Date _____

ALL DISTRICT VEHICLES ARE TO BE USED ONLY BY FULLY TRAINED DISTRICT PERSONNEL

* ALL SPONSORS MUST SIGN AND INSERT THE TIME AT THE END OF THE TRIP ON THE BUS DRIVER REPORT

Approved By _____ Date _____
Transportation Director/Supervisor

Form with two main sections: 'TIME TO BE COMPLETED BY SPONSOR' and 'BUS DRIVER REPORT'. Includes fields for times, signatures, and mileage readings.

Superintendent: Dr. Lisa Garcia
Deputy Superintendent: Mr. [Signature]
Asst. Superintendent: Ana Holland