



Administration Center | 956 Moxahala Avenue | Zanesville, OH 43701

# ZANESVILLE CITY SCHOOLS

## REQUEST FOR TRANSPORTATION SERVICES

(Please PRINT)

SCHOOL or TEAM MAKING REQUEST: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_ PERSON REQUESTING: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

TRIP DAY & DATE: \_\_\_\_\_ PICK-UP TIME: \_\_\_\_\_

PICK-UP SITE & LOCATION: \_\_\_\_\_ NO. OF STUDENTS: \_\_\_\_\_ NO. OF ADULTS: \_\_\_\_\_

ONE-WAY REQUEST?  YES  NO RETURN ARRIVAL TIME: \_\_\_\_\_

NO. OF BUSES: \_\_\_\_\_ HANDICAP BUS?  YES  NO NO. OF WHEELCHAIRS: \_\_\_\_\_

EXPLAIN MEAL ARRANGEMENTS (if applicable): \_\_\_\_\_

BOARD PAID?  YES  NO

FUNDING SOURCE: \_\_\_\_\_ CHARGE TO: \_\_\_\_\_

SIGNATURE OF PRINCIPAL / COACH: \_\_\_\_\_

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SEND REQUEST VIA E-MAIL TO [jford@zanesville.k12.oh.us](mailto:jford@zanesville.k12.oh.us)

- NOTE:**
1. Requests will be processed in the order in which they are received.
  2. Please submit your requests **two (2) weeks** in advance of the trip.
  2. All rescheduled trips will **require** a resubmitted transportation request.
  4. All trips **require** filling out a seating chart and posting it on the bus.

# SCHOOL BUS SEATING CHART

DRIVER: \_\_\_\_\_

TEACHER / COACH: \_\_\_\_\_

		1	2		
		3	4		
		5	6		
		7	8		
		9	10		
		11	12		
		13	14		
		15	16		
		17	18		
		19	20		
		21	22		
		23	24		
		25	26		
		27	28		