



Administration Center / 956 Moxahala Avenue / Zanesville, OH 43701

ZANESVILLE CITY SCHOOLS

REQUEST FOR TRANSPORTATION SERVICES

SCHOOL or GROUP MAKING REQUEST: _____

PICK-UP DAY & DATE: _____ PICK-UP TIME: _____

PICK-UP SITE: _____ NO. OF STUDENTS: _____ NO. OF ADULTS: _____

DESTINATION: _____

ONE-WAY REQUEST? YES NO RETURN ARRIVAL TIME: _____

EXPLAIN MEAL ARRANGEMENTS (If applicable): _____

HANDICAP BUS? YES NO NO. OF WHEELCHAIRS: _____

BOARD PAID? YES NO

FUNDING SOURCE: _____ CHARGE TO: _____

DATE OF REQUEST: _____ PARTY REQUESTING: _____

SIGNATURE OF PRINCIPAL: _____

NOTE: 1. Requests will be processed in the order in which they are received. Please submit your requests as far in advance as possible to ensure having a bus reserved for your trip.

2. All rescheduled trips will **require** a resubmitted transportation request.