

# WHITE ACTIVITY BUS REQUEST

VIGO COUNTY SCHOOL COPORATION  
TRANSPORTATION DEPARTMENT  
3250 Maple Avenue  
Terre Haute, IN 47802  
812-462-4280  
Fax: 812-238-2123

TRANSPORTATION OFFICE USE ONLY
DATE RECEIVED _____
DATE PROCESSED _____

NOTE: REQUEST SHOULD BE RECEIVED TWO (2) WEEKS PRIOR TO REQUESTED TRIP DATE

**DIRECTIONS:**

1. Fill out form completely.
2. Obtain administrator signature.
3. Send to Activity Trip Coordinator in Transportation Office via email. [mke@vigoschools.org](mailto:mke@vigoschools.org)

**Requested Trip Date(s):** \_\_\_\_\_

**School(s):** \_\_\_\_\_

**Bus # (Circle):**      17-11    24-11                      17-12    24-12                      17-13    24-13

**Driver(s)\*:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Destination(s) and/or Addresses:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Departure Date/Time from School:** \_\_\_\_\_

**Return Date/Time to School:** \_\_\_\_\_

**Number of Students\*\*:** \_\_\_\_\_

**Number of Adults\*\*:** \_\_\_\_\_

\_\_\_\_\_  
*Principal/Athletic Director Signature*

\_\_\_\_\_  
*Sponsor/Coach Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Sponsor/Coach*

**\*Driver must have a Valid Driver's License and complete training with VCSC Trainer.**  
**\*\*VCSC White Activity Buses have a capacity of 14 riders (does not include driver).**