

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. mkc@vigoschools.org

Requested Trip Date(s): _____

School(s): _____

Bus # (Circle): **10-11** **10-12** **10-13**

Driver(s)*: _____

Event: _____

Destination(s) and/or Addresses: _____

Departure Date/Time from School: _____

Return Date/Time to School: _____

Number of Students:** _____

Number of Adults:** _____

Transportation Director/Activity Trip Coordinator
Signature

Date

Sponsor/Coach Signature

Date:
Printed Name of Sponsor/Coach

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