



# TATSIKIISAAPO'P MIDDLE SCHOOL

## Transportation Request Form *(fax or email to KBE board office once complete)*

Requested by: \_\_\_\_\_ Date of trip: \_\_\_\_\_  
*Teacher/Staff Name*

Grade/Program: \_\_\_\_\_

Destination: \_\_\_\_\_

Length of Trip:  Overnight       Day       Evening       Weekend

Type of Trip:  Sports       Academic       Other \_\_\_\_\_

Time of Departure: \_\_\_\_\_ Return Time (estimate): \_\_\_\_\_

Number of Students: \_\_\_\_\_ Number of Chaperones: \_\_\_\_\_

Notes/instructions: \_\_\_\_\_  
*If Applicable*

Teacher/Staff Phone number: \_\_\_\_\_

Teacher/Staff Signature: \_\_\_\_\_

Principal/Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Code: \_\_\_\_\_

**Note: Teacher/Staff must be on the Bus at all times: before any children get on, and last ones to get off (for supervision purposes and to ensure cleanliness). Failure to comply will result in a \$50 cleaning fee.**

**ALL FIELDS MUST BE FILLED IN AND APPROVED BY PRINCIPAL OR REQUEST WILL NOT BE PROCESSED.**