



**Acalanes Union High School District**  
**Request for Transportation Fax # 925.280.3968**

School \_\_\_\_\_ Request Date \_\_\_\_\_  
 Sport/Class/Club \_\_\_\_\_ Requested By \_\_\_\_\_

Storage	YES	NO	# of Buses		# of Passengers		
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Trip Date	_____	Bus #1	_____	Bus #2	_____
Pick Up Address	_____	Bus Arrival Time	_____		
		Bus Leave Time	_____		
Pick Up Location	_____	Destination	_____		
		Arrival Time	_____		
		Leave Time	_____		
		Completed Trip	_____		
		Drop Off	_____		

Destination Address _____ _____ _____ Destination/Drop Off _____ _____ _____	<b>**SPECIAL INSTRUCTIONS**</b>     
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Faculty/Supervisor/Coach who will ride bus \_\_\_\_\_  
 Telephone # \_\_\_\_\_

Funding Source \_\_\_\_\_ Purchase Order # \_\_\_\_\_

Trip Approved By \_\_\_\_\_  
 (Principal Signature) (Print Principal Name)

AUHSD Transportation Use Only		First Student Use Only - Attn: Gary Hein			
Trip #	_____	First Student Confirmation	_____	Price: \$	Bus #1 \$
Submitted to First Student	_____	Date	_____	Total Estimated Price: \$	Bus #2 \$