

Athletic Transportation Request
Newbury Local School District, 14775 Auburn Road, Newbury, OH 44065

DATE OF TRIP: _____ DESTINATION: _____

DEPARTURE TIME FROM SCHOOL: _____ RETURN TIME TO SCHOOL: _____

GROUP: _____ COACH IN CHARGE: _____

NUMBER OF RIDERS: _____ DATE SUBMITTED: _____

COMMENTS, DIRECTIONS OR SPECIAL INSTRUCTIONS: _____

Approved by: _____ Title: _____ Date: _____

SECTION BELOW TO BE FILLED OUT BY TRANSPORTATION DEPARTMENT

DATE RECEIVED: _____ DATE APPROVED: _____
VEHICLE: BUS _____ VAN _____ I.D. # _____ DRIVER NAME: _____

APPROVED BY: _____ TITLE: _____

THE TRANSPORTATION OFFICE, BUS DRIVER, COACH AND ATHLETIC DIRECTOR SHALL ALL RECEIVE A COPY