

**MADISON CITY SCHOOLS
ACTIVITY TRANSPORTATION FORM**

MUST BE SUBMITTED TWO WEEKS IN ADVANCE

1. REQUEST

School/Organization:

Number of Riders:

Regular Bus:

Mini Bus:

Person in Charge of Trip:

Phone#

Destination of Trip:

Date Needed:

Depart Time:

Return Time:

Fund to Be Charged:

Note: Trip request will not be processed without an assigned fund.

_____ *or* _____

Principal's Signature

Department Head's Signature

2. CENTRAL OFFICE APPROVAL: _____ DATE _____