Pleasant Hill R-III School District **Month:** _____
Transportation Request Form

Campus:_____

Date of Trip	**Destination** (with directions if necessary)	Departure Time	Return Time	# of Passengers	Admin. Contact	Special Needs
				PRINCIPALS SIGNATURE _____		_____

Due to a high volume of trips, please list alternate dates to ensure bus transportation.
All day time field trips must return by 2:00 p.m. to accommodate afternoon bus schedule.