



**WOODLAND PUBLIC SCHOOLS
TRANSPORTATION ACTIVITY REQUEST**

Date of request: _____ Date of activity: _____

Activity: _____

Destination: _____

Departure time: _____ Approximate return time: _____

Location from which bus will depart: _____

Approximate round trip mileage: _____

Number of students: _____ Grade level: _____

Number of adults, excluding driver: _____

Bus driver needed: ☐ Yes ☐ No

Sponsor requesting transportation: _____

Vehicle requesting: _____

Sponsor's signature _____

Principal's signature _____

Superintendent's signature _____

Transportation director's signature _____

Date approved: _____

Bus assignment: _____ Driver: _____