

La Joya ISD
Domingo Trevino Middle School
Request Bus Form
2020-2021

Request No: _____ Date Requested: _____
Department Name: _____
Trip Name: DTMS - _____
Trip to (City): _____ Location: _____
Trip Type: One Way Round Trip Over Night: YES NO
No. of Students: _____ No. of Buses: _____
Trip Departure Date: _____ Trip Return Date: _____
Trip Departure Time: _____ Trip Return Time: _____
Pick Up Location: _____ Return to (Drop off location): _____
Type of Transportation: School Bus Wheelchair Equipped Bus Van

TRIP CONTACT

Teacher/Coach Name: _____
Contact Phone #: _____
E-Mail: _____
Account # _____
Notes: _____

***Please turn in bus request form at least 2 weeks (10 Business days) in advance to
Elda Hernandez e.hernandez12@lajoyaisd.net
Thank you for turning in your request in a timely manner.***

**Confirm your Bus Request a two days before with
Clarissa Mares at 956-323-2324 or 956-323-2320**

FOR DTMS OFFICE USE ONLY:

Date Request Received: _____ Received By: _____
Date Request Entered: _____ Request No. Assigned: _____
Copy of request given to DTMS Staff Member for confirmation: _____
Date Received: _____