

Madrid-Waddington Central School

Bus Request Form

Activity: _____ Date of trip: _____

Destination: _____ Time Leaving School: _____ a.m. or p.m.

Number of Students: _____ Time Returning: _____ a.m. or p.m.

Requested by: _____ Comments: _____

Building Principal

(Transportation use only)

Driver: _____ Bus Number: _____

Mileage Reading (Start) _____ Time Leaving: _____

Mileage reading (end) _____ Time Returning: _____

TOTAL: _____ TOTAL: _____

Driver's Signature: _____

Comments: _____