

Transportation Request Form

Uniontown Area School District

Transportation form must be submitted at least two weeks prior to trip.
Requests will not be accepted without a student and adult roster attached.

Date of Trip: _____

Depart from:

(building) _____

(address) _____

Destination:

(address) _____

Other Stops:

(address) _____

Transportation Office Use Only

Contractor(s): _____

of Buses/Vans _____

Activity: Band Field trip Sport

Name of class/club/sport _____

Number of students _____ **adults** _____

Teacher/Coach in charge _____

Phone number _____

Billing:

Cost district

Cost to club/organization *

The Transportation Office requires at least a one hour
(prior to departure) notice to cancel any trip. Failure
to do so may obligate your organization for payment.

*All information must be listed below if someone
other than the district is responsible for travel costs.

Departure Time _____ AM PM

Arrive Destination _____ AM PM

Leave Destination _____ AM PM

Return Time _____ AM PM

Name of Organization: _____

Contact Person: _____

E-mail _____

Phone # _____

Date submitted

Principal

Teacher/Coach submitting request

Transportation/Superintendent Office