

**Request to Use School Transportation  
Proviso Township High School  
District 209  
(All items must be completed)**

**Date of Request:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ would like to use \_\_\_\_ bus(es) \_\_\_\_\_ van(s).  
*Name of Club, Athletic Team, or Field Trip*

Departure: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ am/pm

Return: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ am/pm

Destination of Event: \_\_\_\_\_  
Address: \_\_\_\_\_

Number of Students: \_\_\_\_\_

Number of Teachers/Coaches/Sponsors: \_\_\_\_\_

**Consent slips must be on file before the bus/van is released.**

Purpose of trip: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher/Coach/Sponsor Print Name: \_\_\_\_\_

Teacher/Coach/Sponsor Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Activity Director/Athletic Director

Approved  Denied

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date