BUS REQUEST FORM and AFJH Calendar Scheduling

Bus request forms must be turned in at least 2 weeks in advance of trip!

Step 2– Get Ad Step 3– Meet v	It form completely! dministrator signature. with Terese to view AF In form to Leslie Clevel		gnature.		
CONTACT PERSO	ON:		Cell Phone		
Destination: (Na	me & Address)	Date of Event:			
Activity Descrip	tion: (Be Specifi	c)			
Crado Lovoli			Mass Name (David Caia	7.00	
Grade Level:			Class Name: (Band, Science)		
Account for Bus	Payment: (Bai	nd, Science)			
*Bus pick-up ar	nd drop-off ti	me is not av	vailable between7-9:1	5am and 2-4pm!	
*PICK UP TIME AT SCHOOL		*DROP OFF TIME AT SCHOOL		ESITMATED MILAGE:	
PICK UP LOCATION:		DROP OFF LOCATION:			
DOES THE DRIVER NEED TO STAY?	# OF PASSENGERS	MULTIPLE PICKUPS YES OR NO		WHEEL CHAIR(s) NEEDED	
YES OR NO		WHERE:	TIME:	YES OR NO HOW MANY?	
Administrator o	ver Departme	nt Signature	Terese Hansen (Se	chool Calendar)	