

**Richland County  
School District One  
Student Transportation Services**



*.....on the go for you*

**TRANSPORTATION REQUEST FOR AFTER SCHOOL/SPECIAL PROGRAM**

**Note: All requests should be submitted no later than 10 business days prior to the start of the program.**

To: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_  
(Transportation Office Servicing Your Cluster)

FROM: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_

-----  
Name of Program: \_\_\_\_\_ Point of Contact: \_\_\_\_\_

Phone # \_\_\_\_\_ After Hours Phone Number(s): \_\_\_\_\_

Number of Students Requiring Transportation Support: \_\_\_\_\_

Start Date \_\_\_/\_\_\_/\_\_\_ Ending Date \_\_\_/\_\_\_/\_\_\_

Start Time: \_\_\_:\_\_\_ PM Ending Time: \_\_\_:\_\_\_

Days of Operation: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_

Funding Account Code: \_\_\_\_\_

**Brief Description of Program**

\_\_\_\_\_

**Additional Coordinating Instructions**

\_\_\_\_\_

Submitted By: \_\_\_\_\_ Date \_\_\_\_\_  
(Name and Title)

Approved By: \_\_\_\_\_ Date \_\_\_\_\_  
(Name and Title)

Distribution: Transportation/White Bookkeeper/Yellow Requestor/Pink