

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