

**FORT THOMAS INDEPENDENT SCHOOLS
BUS REQUISITION**

Please print

Date of request:	School:	Requested by:
Reason for request:		
Destination: (exact address)		
Date of trip:	Boarding place:	Boarding time:
# of riders: (maximum capacity 24)	Return time:	
Contact person: (coach/sponsor)		
Phone number(s):		

Requests must be made at least one week in advance.

Signature

(For central office use only)

Date received: _____ Approved: _____

Bus and driver assigned: _____

Copy to driver: _____