

EXPLORE BUS APPLICATION



PLEASE COMPLETE THE FOLLOWING TWO SECTIONS

Date of application:	Contact person:
School:	Contact person e-mail:
Administrator signature:	

Pick up date:	Destination name:
Pick up time:	Destination address:
Pick up location:	Destination phone number if available:
Total number of adults:	Round trip or one way?
Total number of students & grade level :	Leave destination time:
Number of students less than 4 years old: <i>(car seats needed)</i>	Any non-ambulatory students?
Nurse Needed? Yes No	If Yes- Name of Student:

FOR TRANSPORTATION DEPARTMENT USE

Date order received:	Application number:
Number of busses needed (regular and lift):	Date confirmation e-mailed to contact person noted above:
Request not approved(reason) <input type="checkbox"/> No busses available on requested date <input type="checkbox"/> Over allotment	Date sent to First Student:

Please complete and e-mail to explorebus@buffaloschools.org at least 10 days prior to trip. Thank you.