

14-Pax In-House Bus Request

Kamehameha Schools Hawai'i

General Information			
Date:	Requestor:	Phone:	
Grade Level/Group/Team:			
Trip Information			
Trip Purpose:			
Destination:			
Number of Buses (check one):	1	2	3
	4		
Number of Riders			
Students:		Teachers/Adults:	
Sign-Out			
Date:		Time:	
Departure		Return	
Date:		Date:	
		Time:	
Itinerary (Use another paper if needed or other side of form):			
Driver Information (Use another paper or other side of form, if more than one driver)			
Driver Name:		Contact/Cell Number:	
Signatures			
Requestor's Signature:			Date:
Administrator's Signature:			Date:
Transportation Coordinator:			Date:
Bus Assignment (Office Use)			
Bus #:	Bus #:	Bus #:	Bus #:

PLEASE SUBMIT NO LESS THAN 14 WORKING DAYS PRIOR TO EVENT

Additional Information:

