

MERCY HIGH SCHOOL  
TRANSPORTATION DEPARTMENT

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**BUS REQUEST FORM**

GROUP \_\_\_\_\_

REQUEST PLACED BY \_\_\_\_\_

SUPERVISOR OF TRIP \_\_\_\_\_

CELL # \_\_\_\_\_ OFFICE # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NUMBER OF STUDENTS \_\_\_\_\_

DATE NEEDED \_\_\_\_\_

DEPARTURE TIME \_\_\_\_\_

RETURNING TIME \_\_\_\_\_

PICK-UP LOCATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_

DESTINATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PLEASE FILL OUT FORM AT LEAST TWO WEEKS PRIOR TO TRIP AND RETURN TO THE  
MERCY HIGH SCHOOL TRANSPORTATION DEPARTMENT.

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OFFICE USE ONLY

BUS DRIVER \_\_\_\_\_ DATE \_\_\_\_\_

TIME LEFT SCHOOL                      TIME ARRIVED                      TIME SPENT                      TIME LEFT DESTINATION

TOTAL TIME                      BEGINNING MILEAGE                      ENDING MILEAGE                      TOTAL MILES