

COMMUNITY BASED EDUCATION REQUEST FOR BUS USE
Department of Special Education
Lincoln Public Schools

Fax to Dave Janike at 436-1075 and Tanya Hilligoss at 436-1899
NO LATER THAN THE WEDNESDAY PRIOR TO THE WEEK OF THE TRIP

School: _____ Submitted by: _____ Email: _____

Phone: _____

Date	Day of the week as assigned	Building Pick-Up Time	Building Return Time	Location(s)	# of Students (non-WC)	# of WC's	# of Adults	Total
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Notes: _____

Will this schedule remain consistent throughout the semester? Yes _____ No _____

If no, explain: _____

THIS FORM IS DUE AT TRANSPORTATION ON WEDNESDAY BEFORE THE WEEK OF THE TRIP!