Mineola ISD

Vehicle Request and Notice to Cafeteria

Trip Date M T W Th F Sat Sun M/D/Yr _____

Vehicle Needed: Bus Sm Bus Expo Truck Van # Needed: _____

Driver Needed: Yes No- Name of Driver: _____

Grade Level/Group Attending: _____

Destination: _____

Name of Facility City

Time to Depart: _____ AM PM # of Students _____

Time to Return: _____ AM PM # of Staff _____

Cost per Student: _____ Paid by: _____

Sponsor Signature: _____ (Print)

Principal Initials: Superintendent Intials:

** Prior to request: check school calendar for testing, grade submission, report cards etc **

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