

La Joya ISD
La Joya Transportation Dept.
Bus Request

Date input: _____

Request # _____

School Name: _____

Trip Name: _____

Organization: _____

Trip Destination: _____

Trip Type: ☐ One Way ☐ Round Trip Over Night: ☐ YES ☐ NO

Trip Departure Date: _____ Trip Return Date: _____

Trip Departure Time: _____ Trip Return Time: _____

TRIP CONTACT

Teacher/Coach Name: _____

Contact Phone # : _____

E-Mail: _____

No. of Students: _____ No. of Buses: _____

Account # _____ - _____ - _____ - _____ - _____ - _____ - _____

Type of Transportation : ☐ School Bus
 ☐ Wheelchair Equipped Bus
 ☐ Activity Bus

Notes: _____

***It is your responsibility to fill out form completely, ALL the information above needs to be filled out in order for us to submit the request for you. We will NOT submit the request if information is missing. Form needs to be filled out and faxed to Transportation Dept. Please make sure you call to confirm 24 hrs in advance to avoid any delays in assignment of trip.**